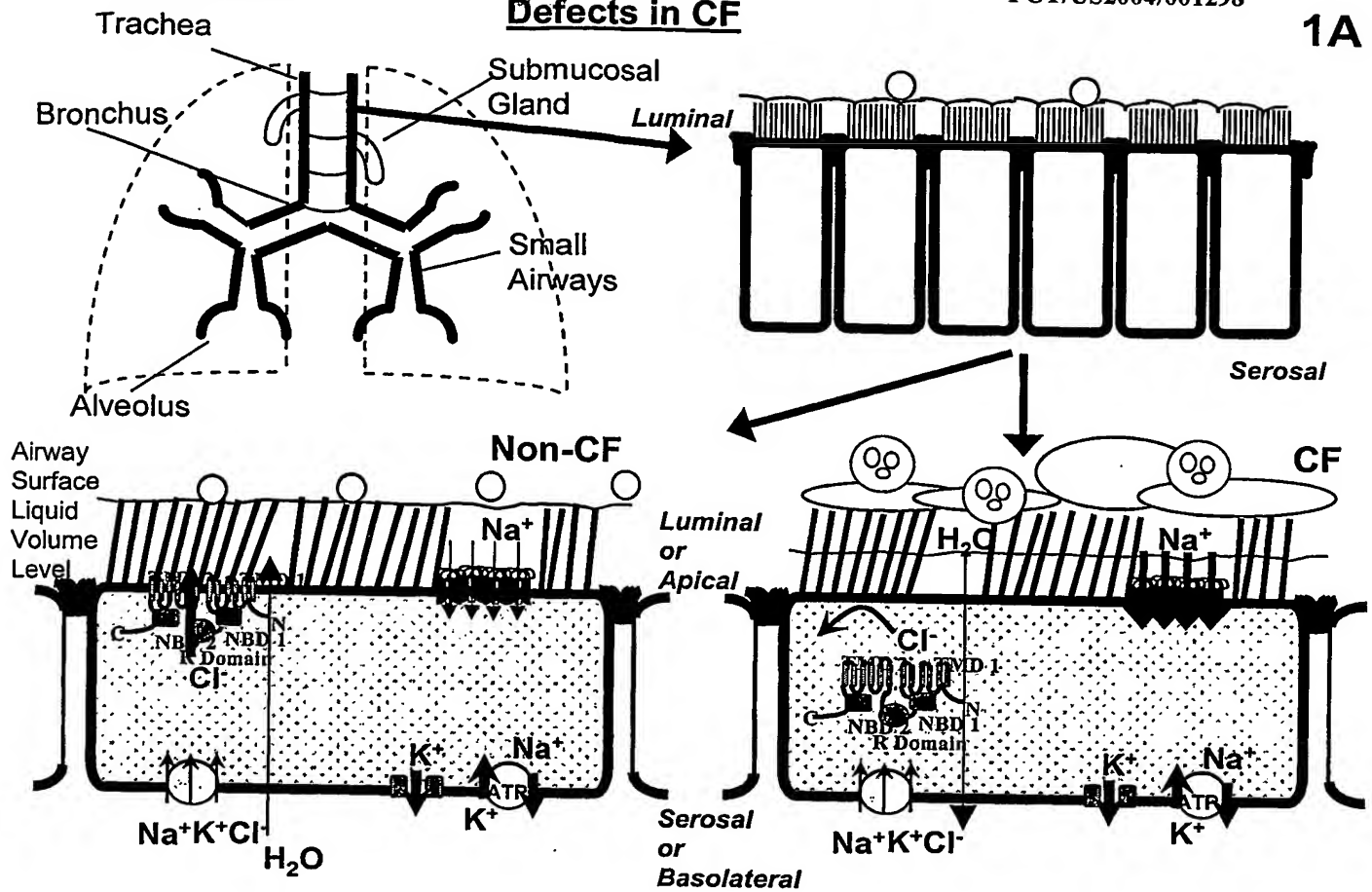
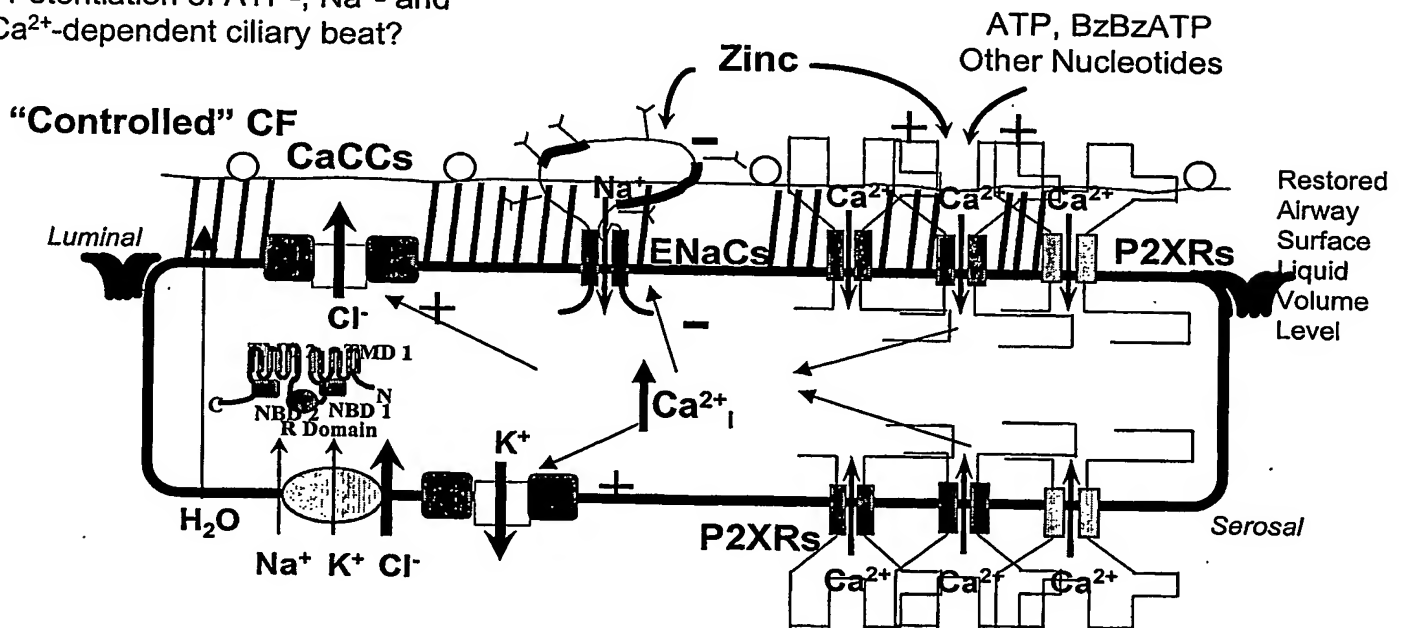


1A

**Defects in CF****Zinc benefits to CF lung therapy**

1B

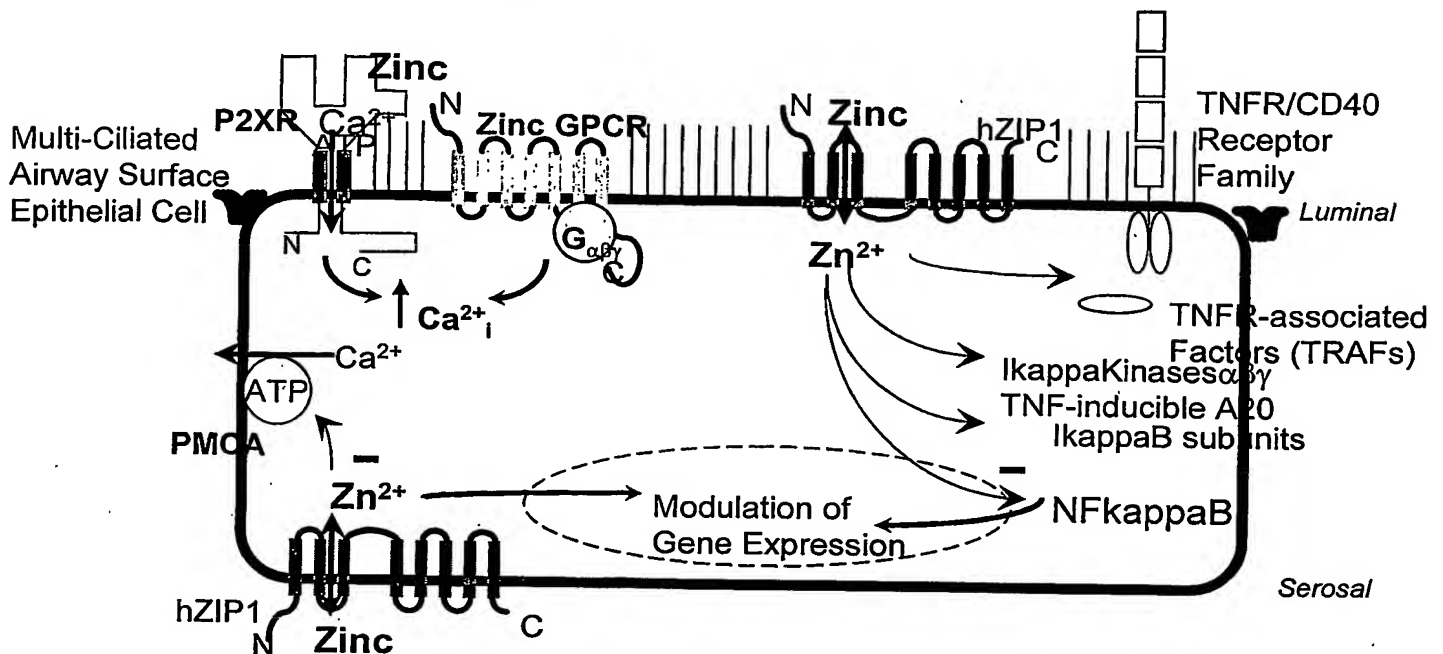
- Rescue of  $\text{Cl}^-$  and fluid secretion
- Attenuation of  $\text{Na}^+$  hyperabsorption
- Potentiation of ATP-,  $\text{Na}^+$ - and  $\text{Ca}^{2+}$ -dependent ciliary beat?



## Zinc as an anti-inflammatory for CF and other airway diseases such as asthma and common cold

2A

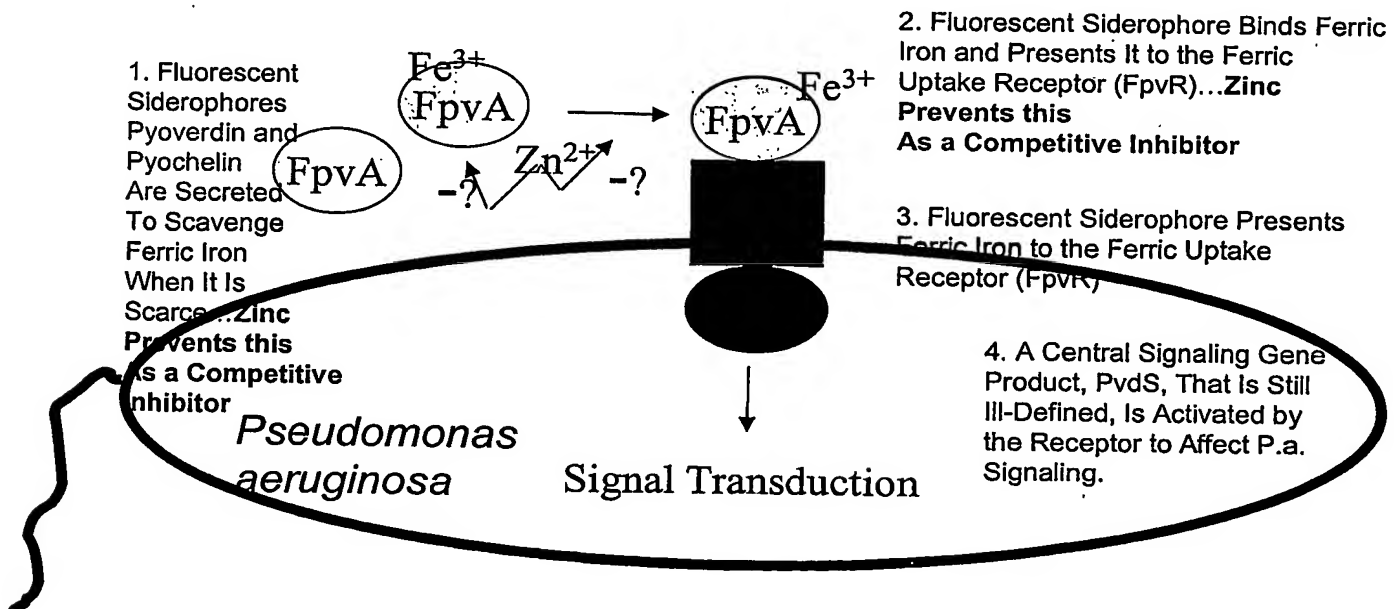
- Zinc in a solution-based formulation enters the cell as free ionic zinc and inhibits NFkappaB activation



## Zinc as an anti-microbial for CF and other airway and GI diseases caused by bacterial pathogens

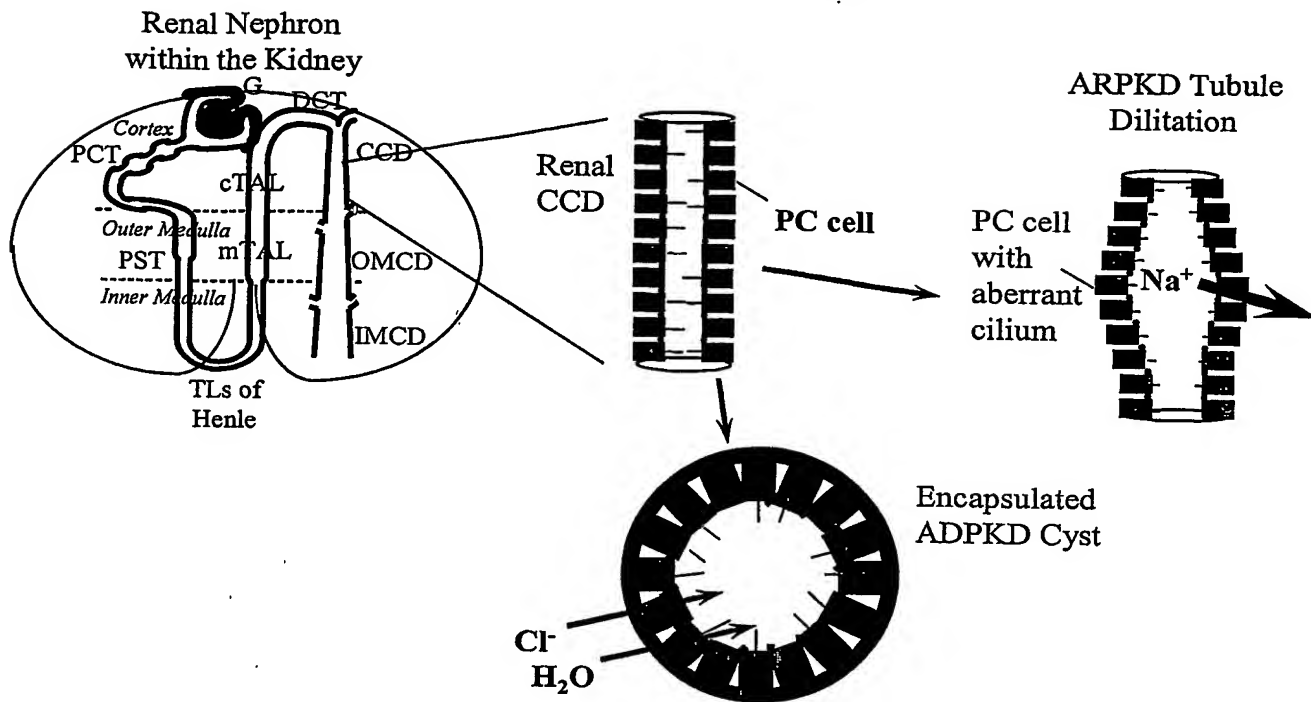
2B

- Zinc in a solution-based formulation competitively inhibits the metal scavenging system of a bacterium.



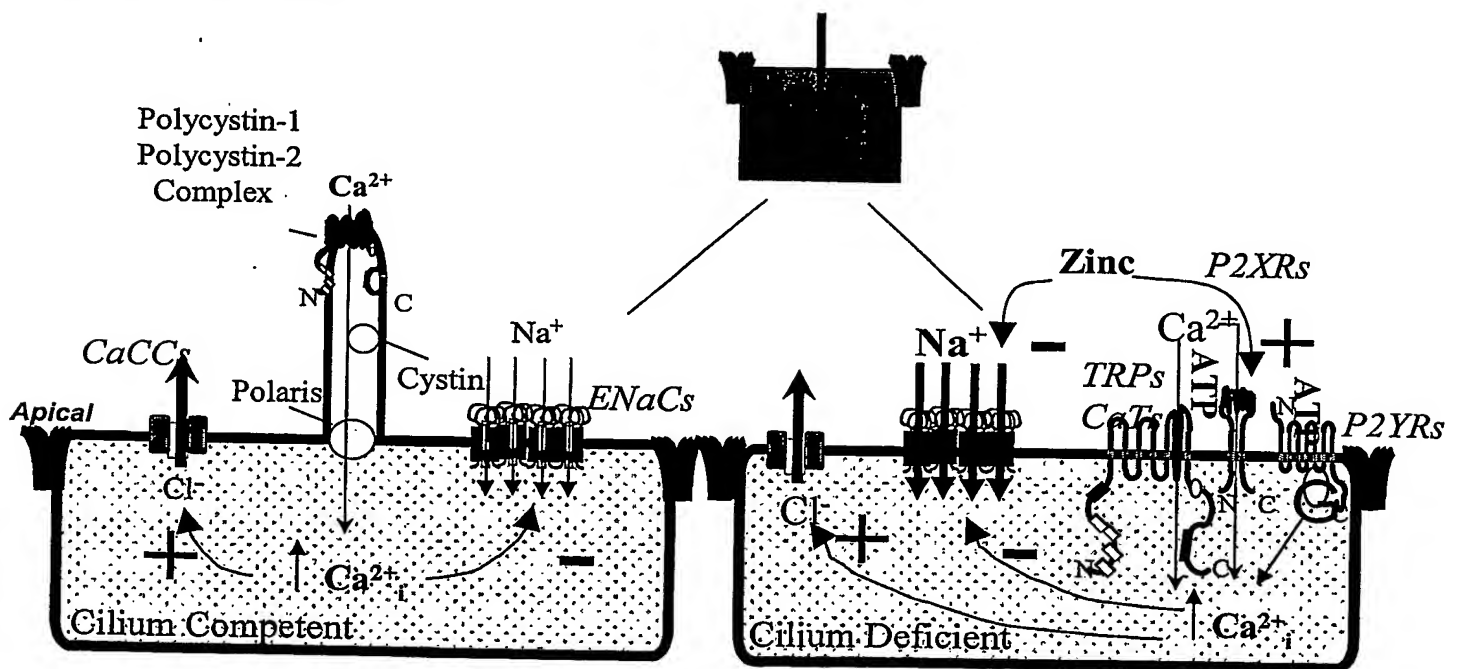
The two forms of PKD

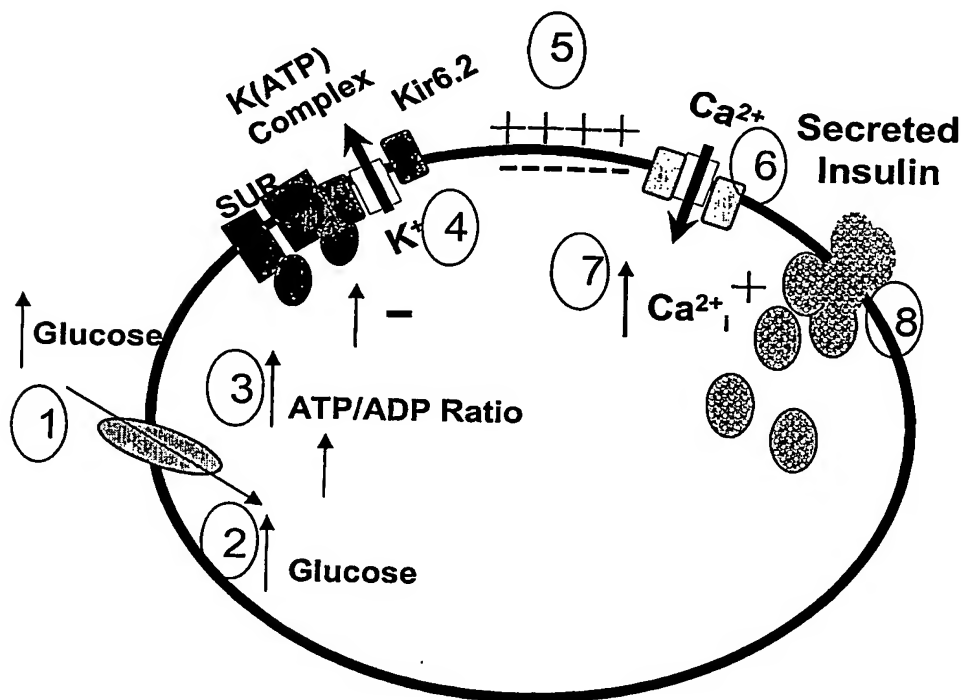
3A

Zinc benefits to PKD therapy and therapy of other renal hypertensive disorders

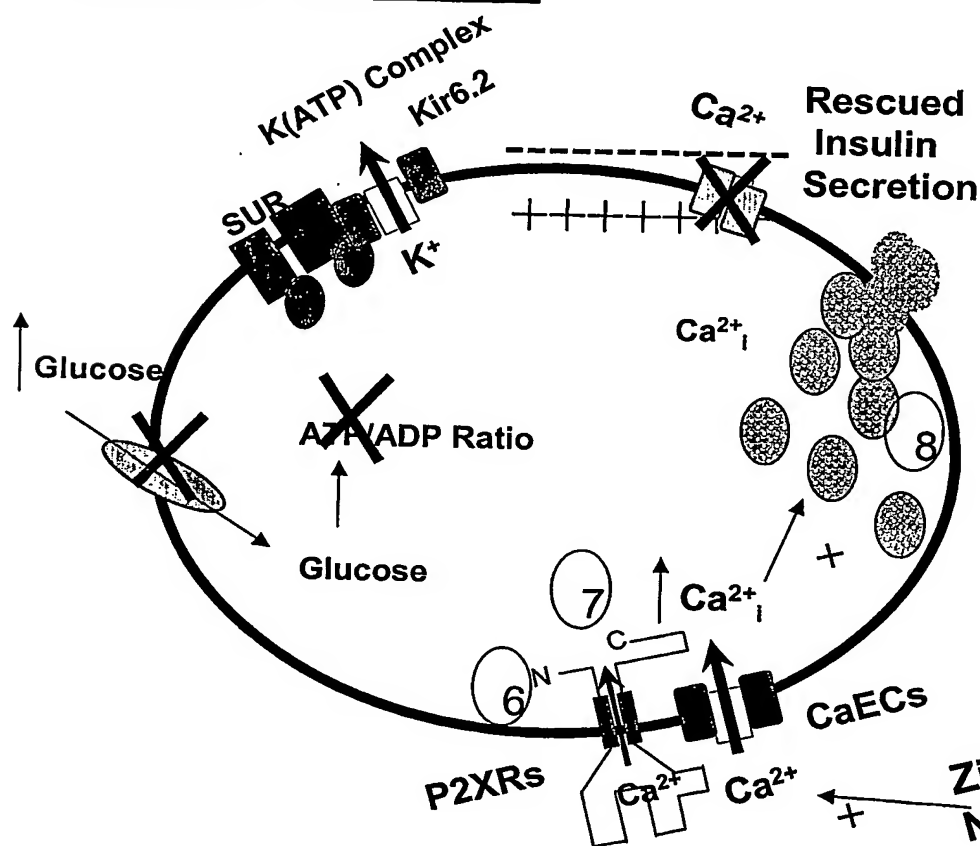
3B

- Direct inhibition of  $\text{Na}^+$  hyperabsorption
- Stimulation of P2XR  $\text{Ca}^{2+}$  entry channels "alternative" to cilium-derived  $\text{Ca}^{2+}$  entry



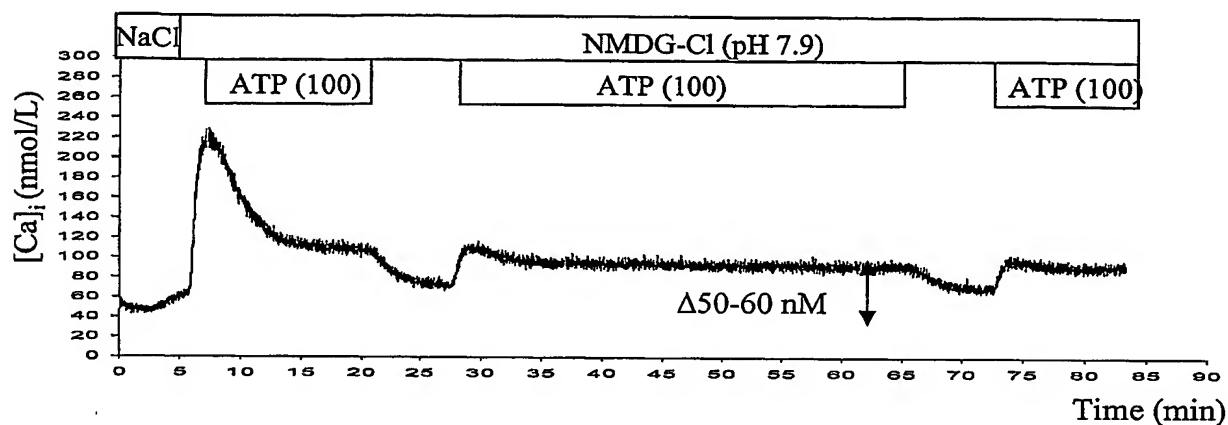
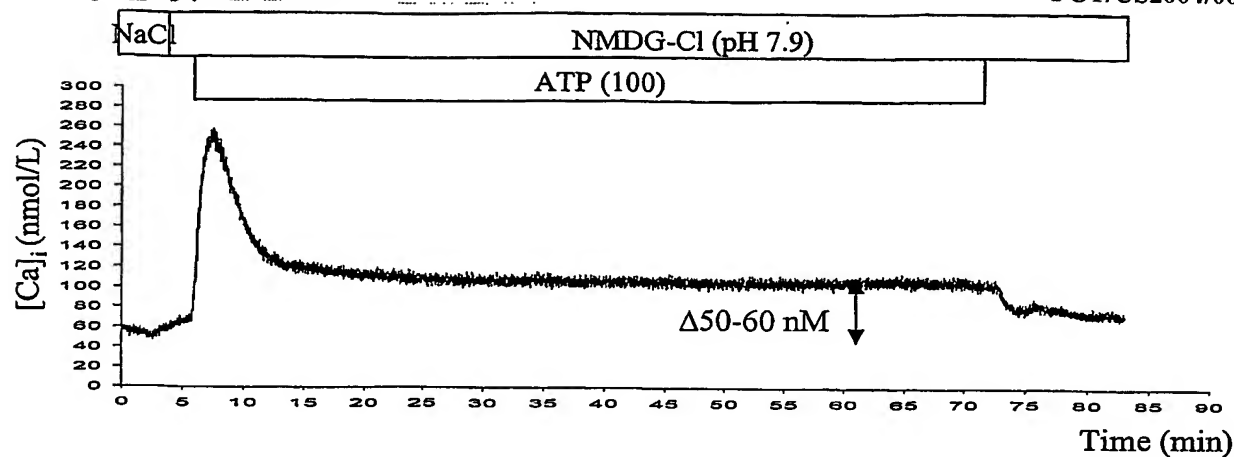
**Normal Insulin Secretion in a Pancreatic Islet  $\beta$  Cell****4A**

(1) Plasma glucose rises after a meal > (2) glucose enters the cell via GLUT transporters > (3) this causes the cytosolic [ATP] to rise > (4) this inhibits the K(ATP) complex ion channel that is normally basally active to maintain a hyperpolarized membrane potential > (5) closure of this channel depolarizes the  $\beta$  cell membrane > (6) this causes voltage-dependent calcium channels to open > (7) cytosolic calcium rises > (8) the elevation in cell calcium triggers exocytosis of insulin granules.

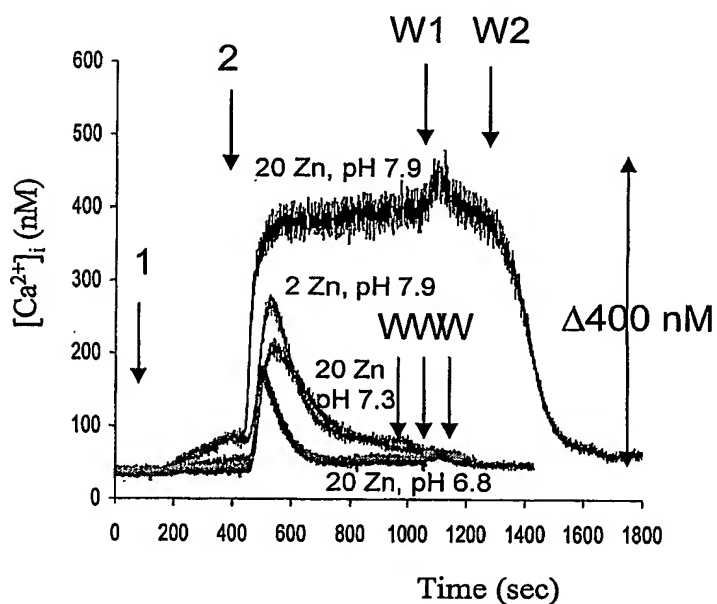
**"Controlled" Diabetic  $\beta$  Cell****4B**

In the controlled diabetic scenario, by-passing the glucose- and voltage-dependent mechanism (Steps 1-5) by activating an "alternative" calcium entry pathway (CaEC), like the P2XR channels, could be an important therapeutic modality in type II diabetes and could re-stimulate insulin secretion. By this approach, we only require re-capitulation of Steps 6-8 for the diabetic  $\beta$  cell or any endocrine cell where there is failure to secrete ligand.

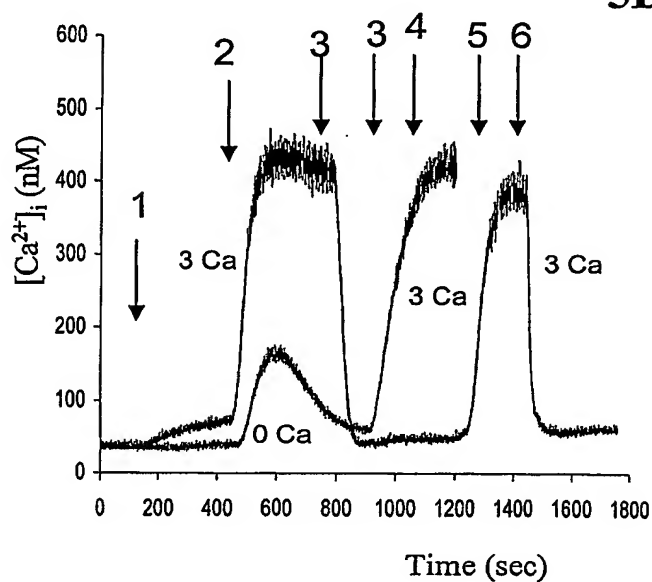
5A



5B

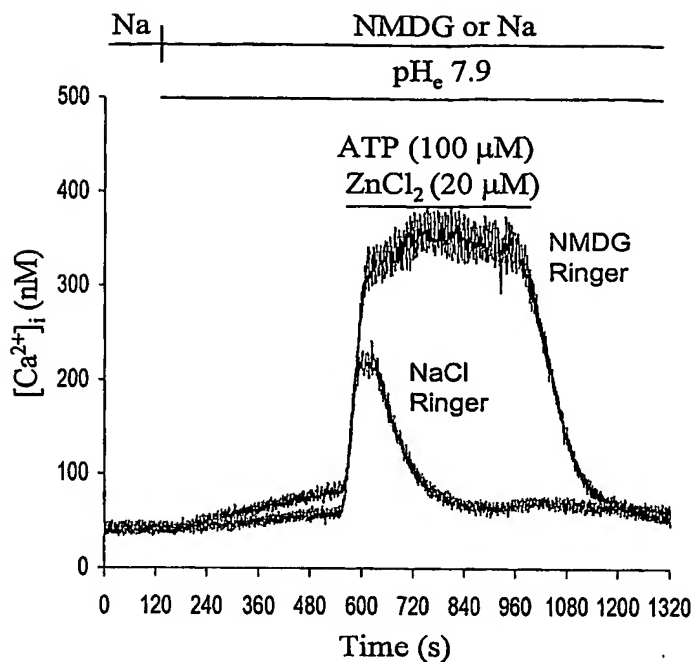


Black = 100 ATP, 20 Zn, pH 7.9  
Red = 100 ATP, 2 Zn, pH 7.9  
Blue = 100 ATP, 20 Zn, pH 7.3  
Green = 100 ATP, 20 Zn, pH 6.8

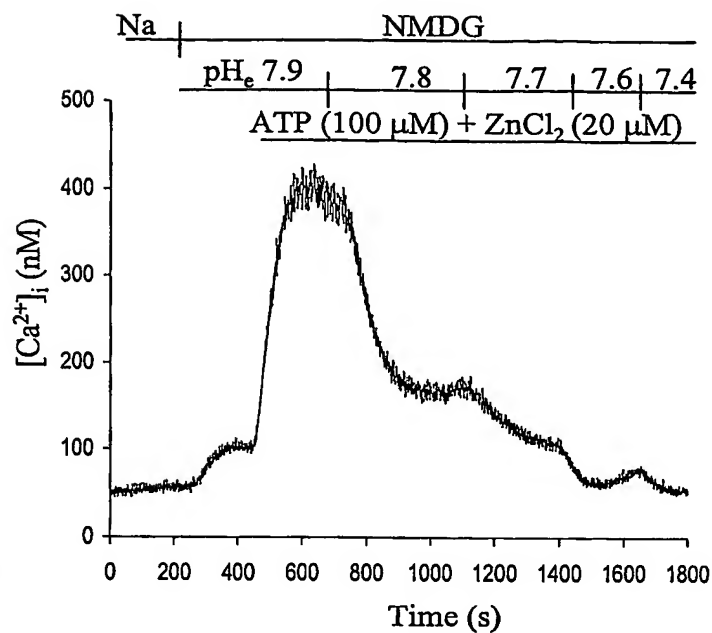


Black = 20 Zn, pH 7.9 plus Extracellular Ca<sup>2+</sup>  
Red = 20 Zn, pH 7.9, 0 Extracellular Ca<sup>2+</sup>,  
then, add back 3 mM Ca<sup>2+</sup>

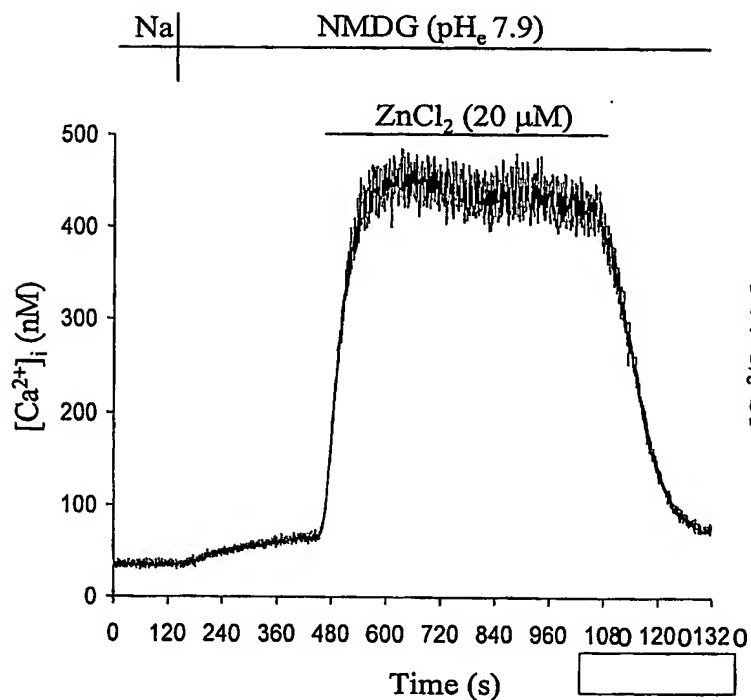
5C



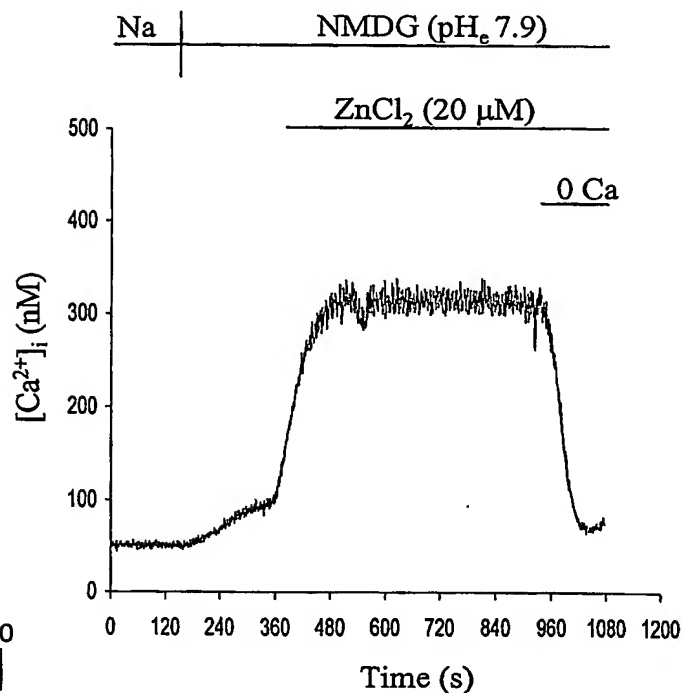
5D



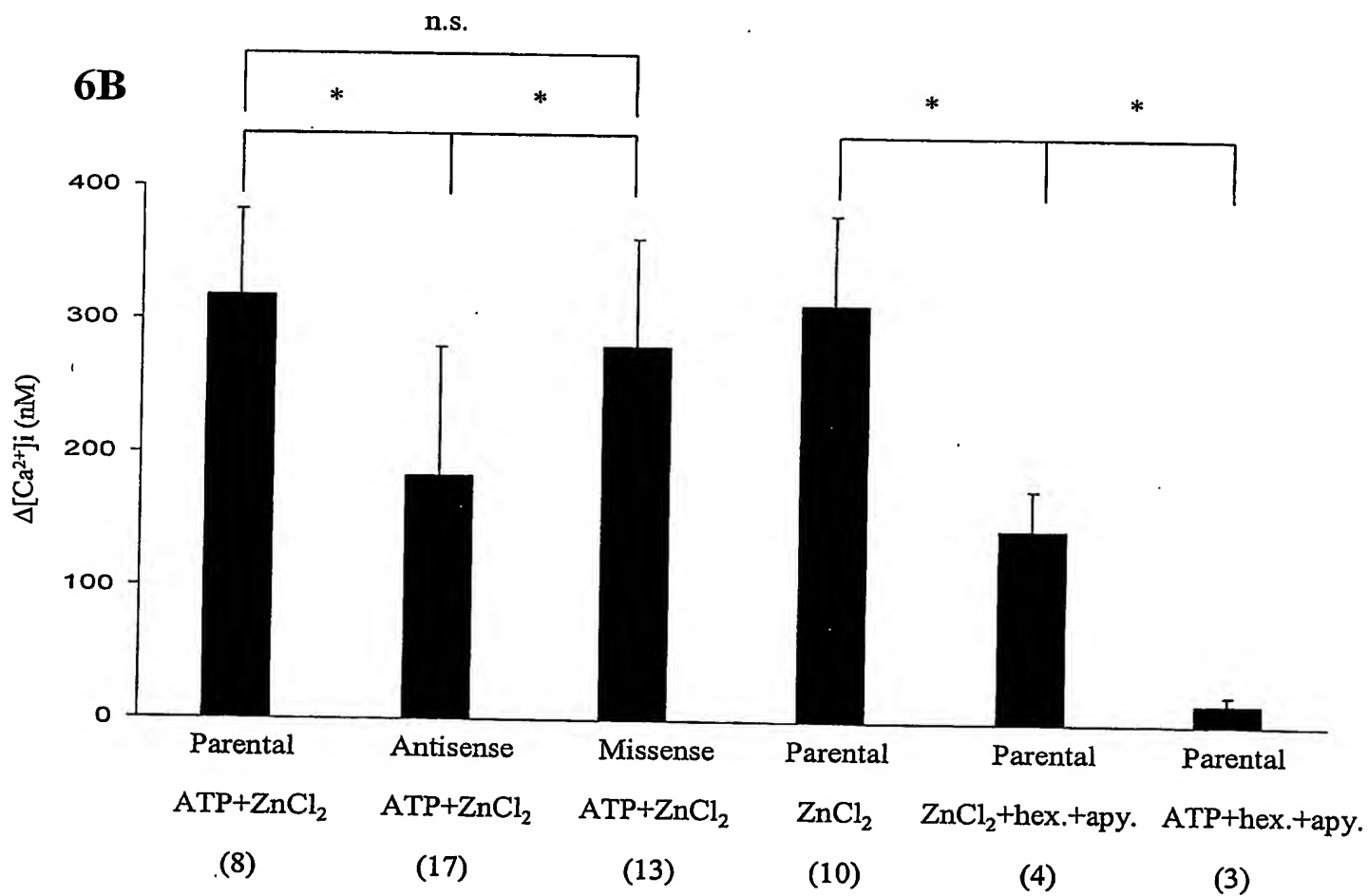
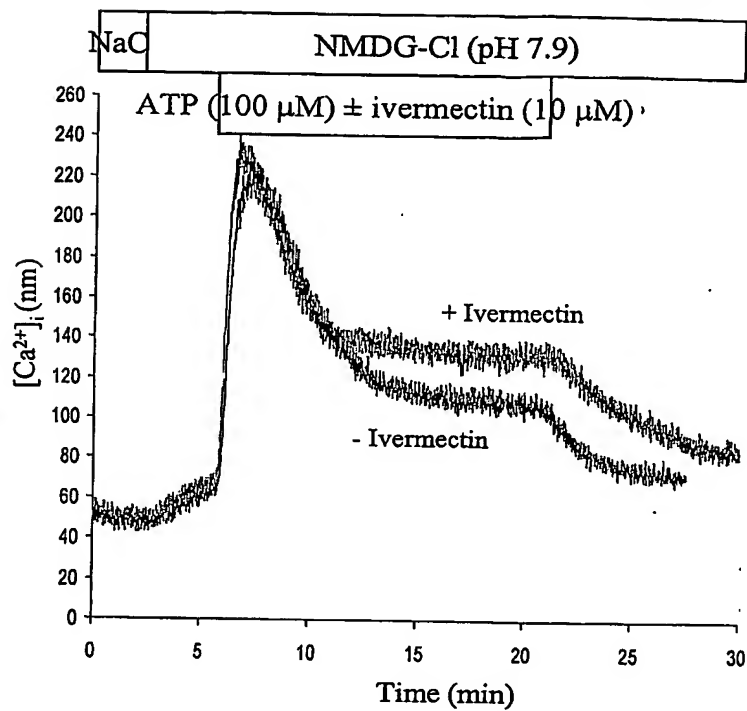
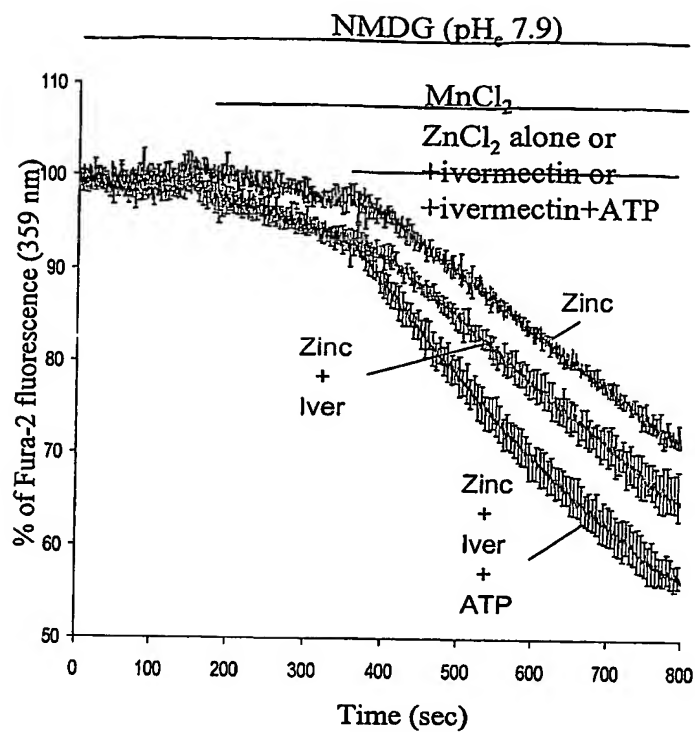
5E

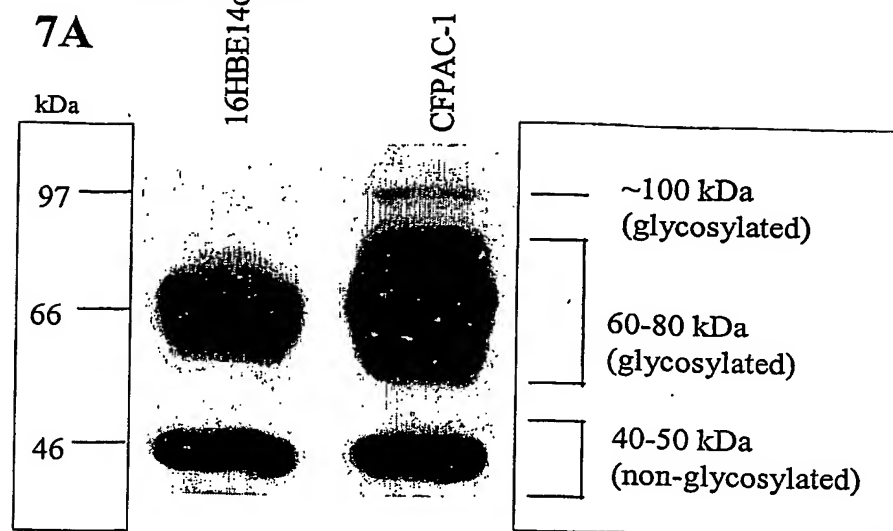


5F



6A



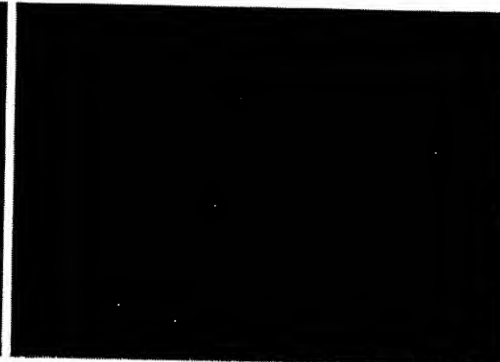
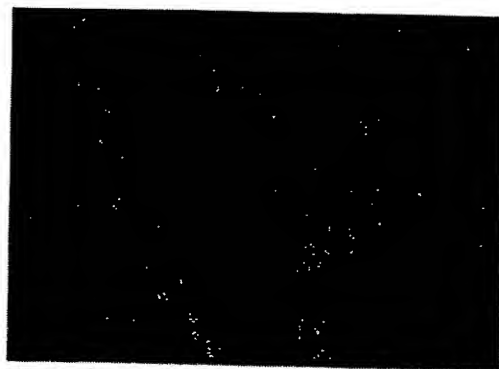


anti-P2X4

Rabbit IgG control

**7B**

Normal Human  
Bronchiolus



CF Human  
Bronchiolus

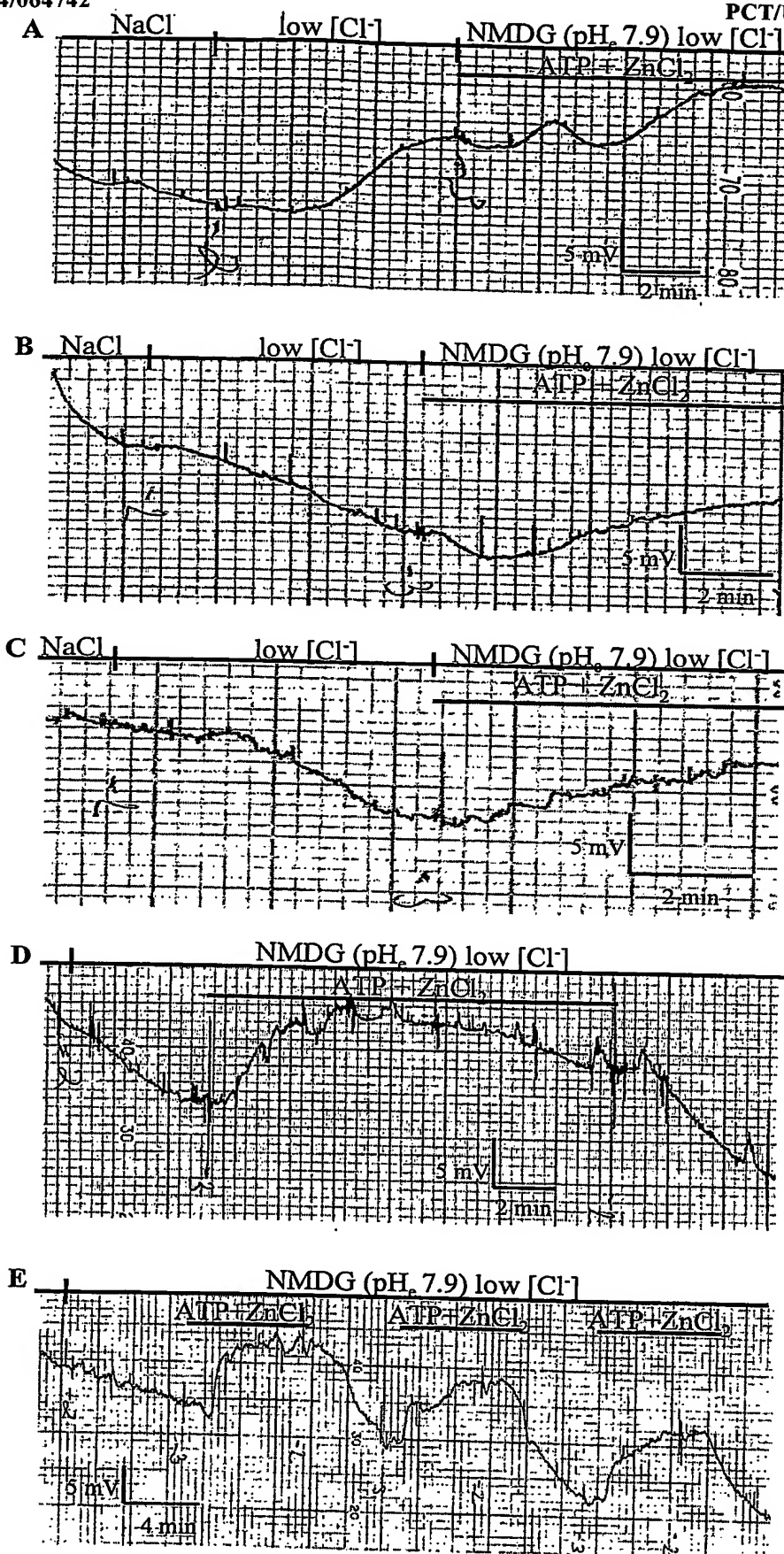


Normal Human Airway  
Surface Epithelium



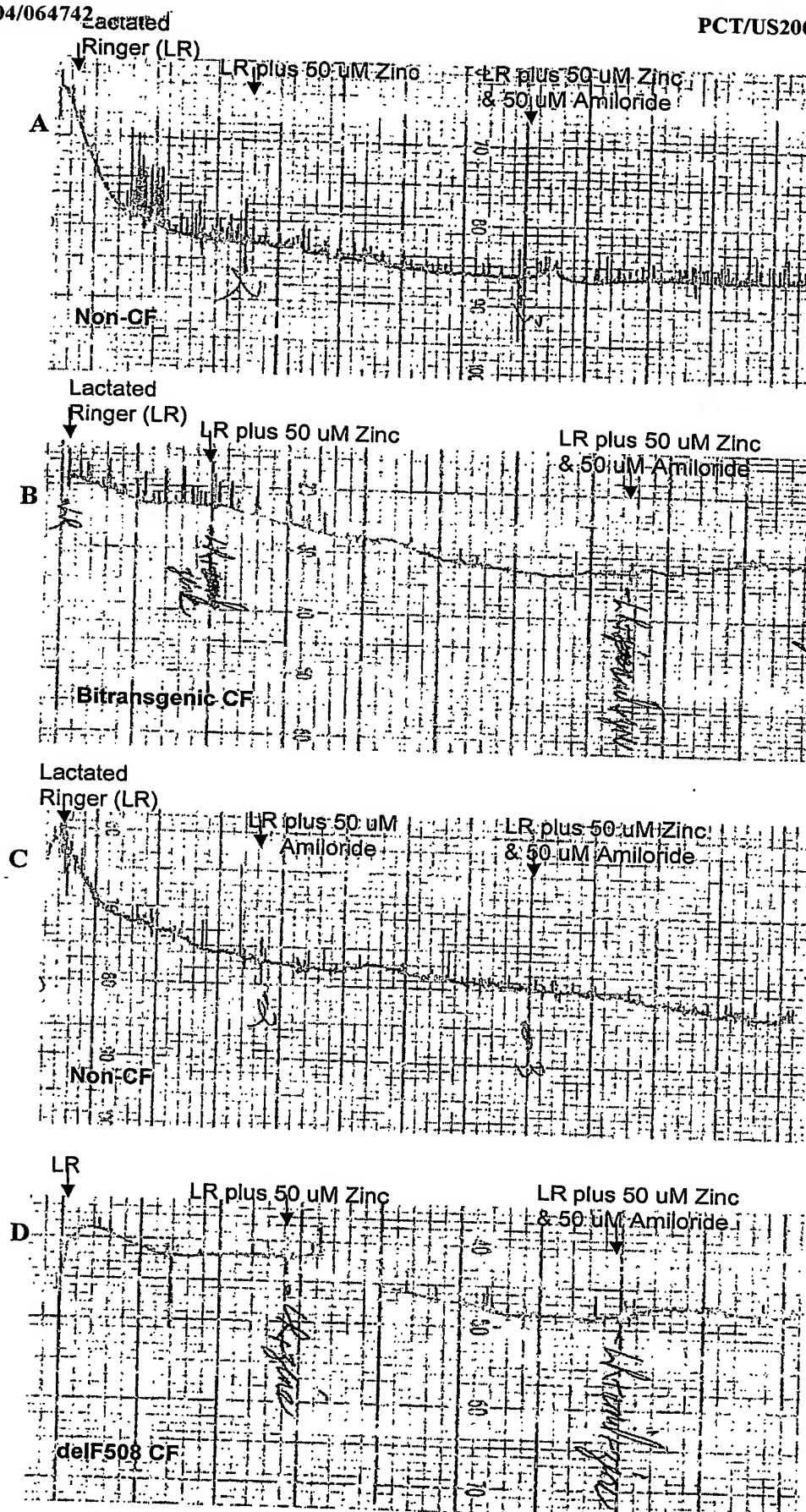
CF Human Airway  
Surface Epithelium

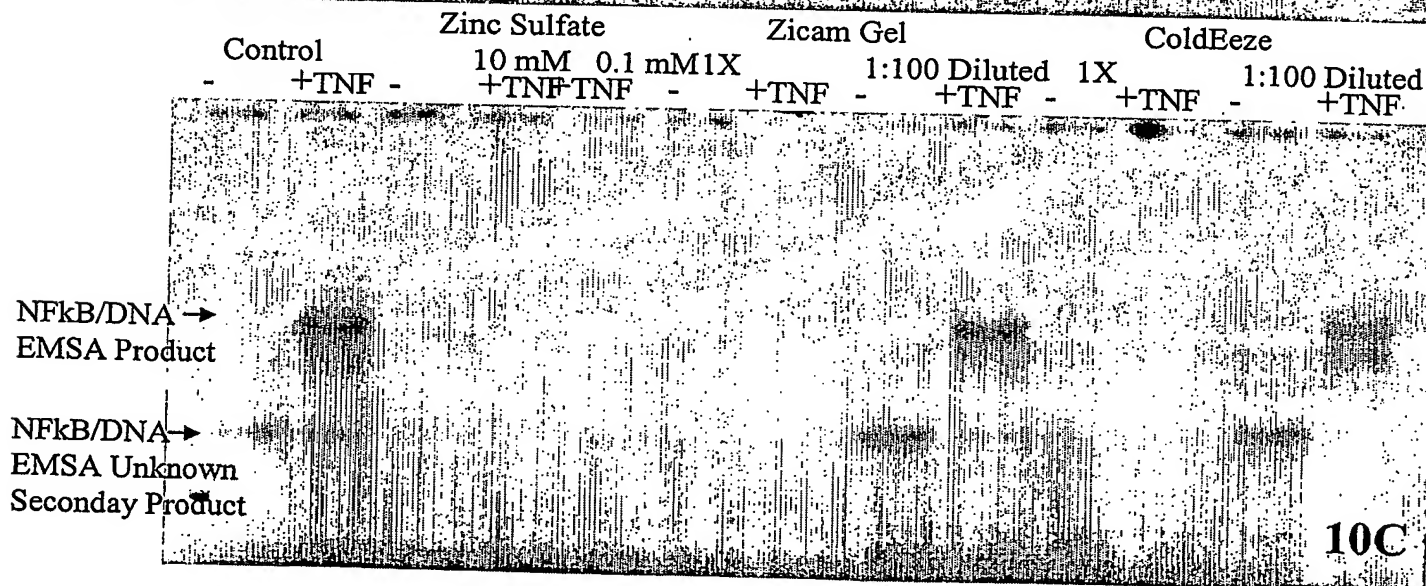
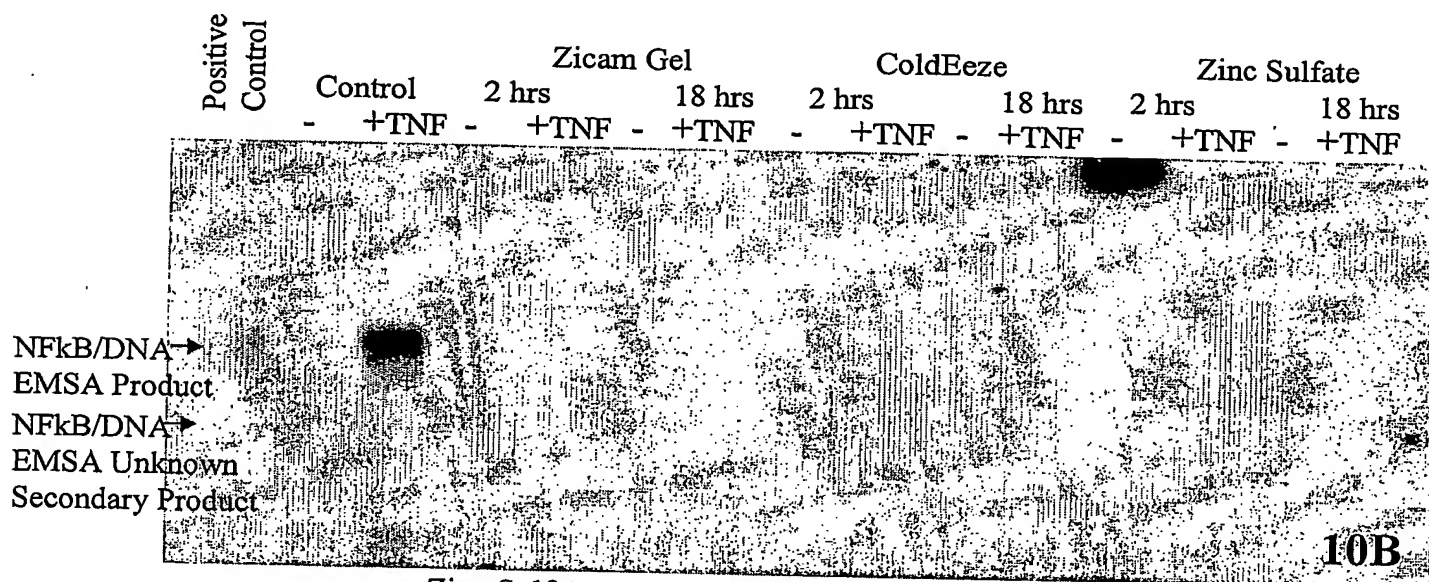
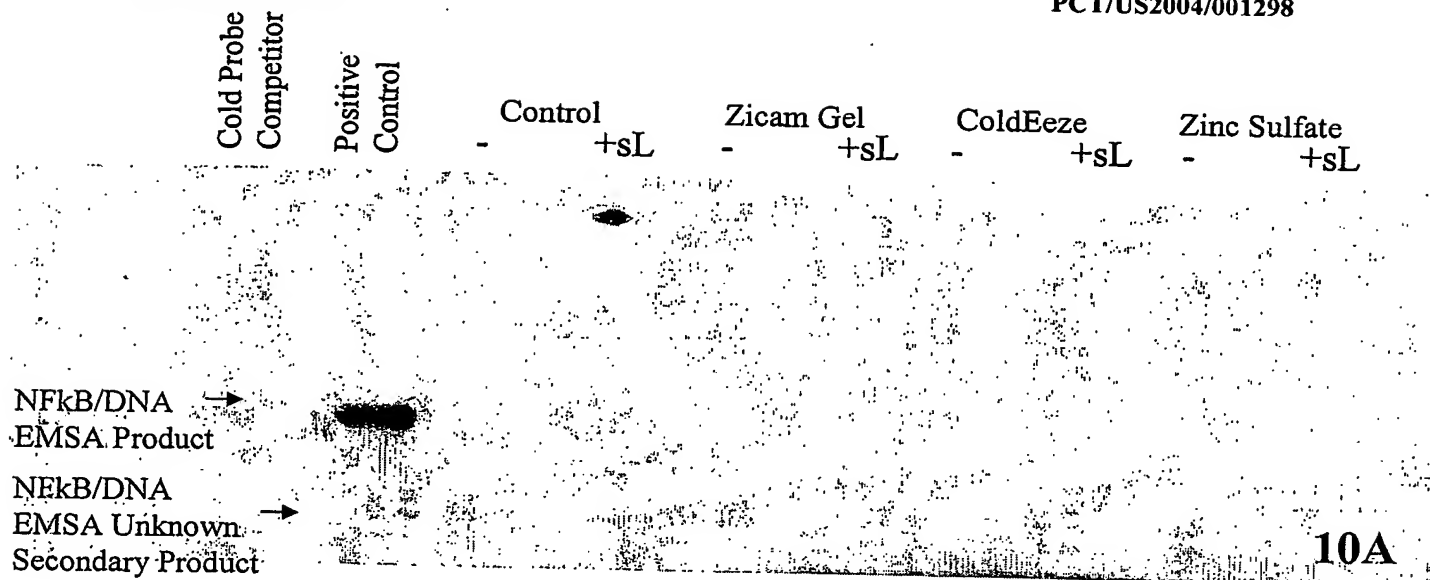




Transepithelial Nasal Potential Difference Values of Control,  $\Delta 508$  CF and Bitransgenic CF Mice

	Control Cftr(+/-)	n	CF Cftr( $\Delta F508/\Delta F508$ )	n	Bitransgenic CF Cftr(-/-)	n
Starting point	$-18.7 \pm 6.5$	19	$-26.3 \pm 7.2^*$	11	$-26.1 \pm 3.8^*$	14
Low $[Cl^-]_e$ ( $Na^+$ ; pH:7.3)	$-5.5 \pm 1.5$	8	$+3.7 \pm 1.6^*$	3	$+4.8 \pm 2.5^*$	7
ATP + $ZnCl_2$ (NMDG; pH:7.9)	$-4.7 \pm 1.8$	6	$-4.0 \pm 2.0$	3	$-3.8 \pm 2.0$	12
Low $[Cl^-]_e$ ( $Na^+$ ; pH:7.9)	$-4.8 \pm 2.0$	6	$+5.4 \pm 2.8^*$	7	$+6.7 \pm 4.0^*$	3
ATP + $ZnCl_2$ (NMDG; pH:7.9)	$-6.0 \pm 1.4$	2	$-9.4 \pm 1.6^{*#}$	8	$-9.7 \pm 3.1^{*g}$	3
Low $[Cl^-]_e$ (NMDG; pH:7.9)	$-4.8 \pm 3.3$	5			$+5.8 \pm 1.9^*$	4
ATP + $ZnCl_2$ (NMDG; pH:7.9)	$-5.7 \pm 1.2$	3			$-10.2 \pm 1.3^{*g}$	6
ATP alone (NMDG; pH:7.9)					$-2.3 \pm 1.0^s$	4
Low $[Cl^-]_e$ (NMDG; no added $Ca^{2+}$ ; pH:7.9)	$-7.3 \pm 0.6$	3			$+6.0 \pm 0.8^*$	4
ATP + $ZnCl_2$ (NMDG; no added $Ca^{2+}$ ; pH:7.9)	$-1.3 \pm 0.6^s$	3			$-2.0 \pm 1.2^s$	4

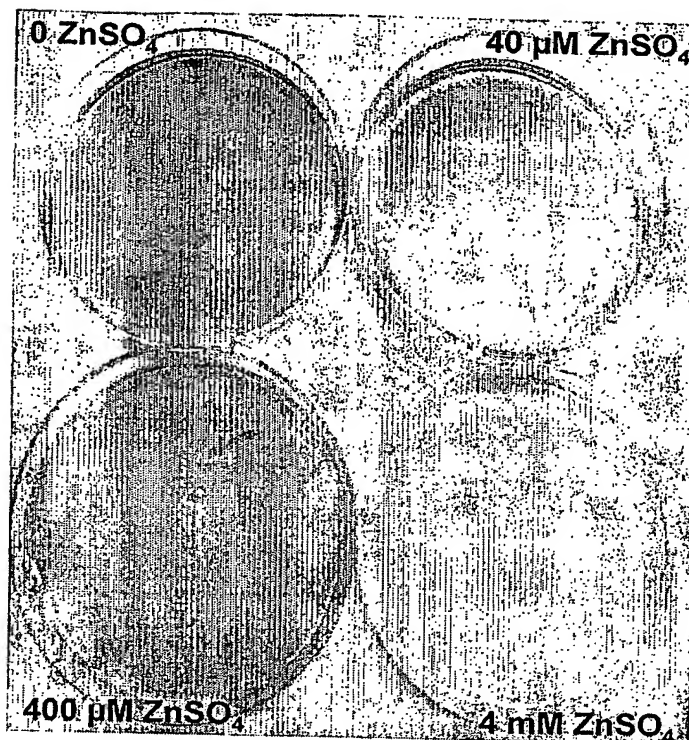
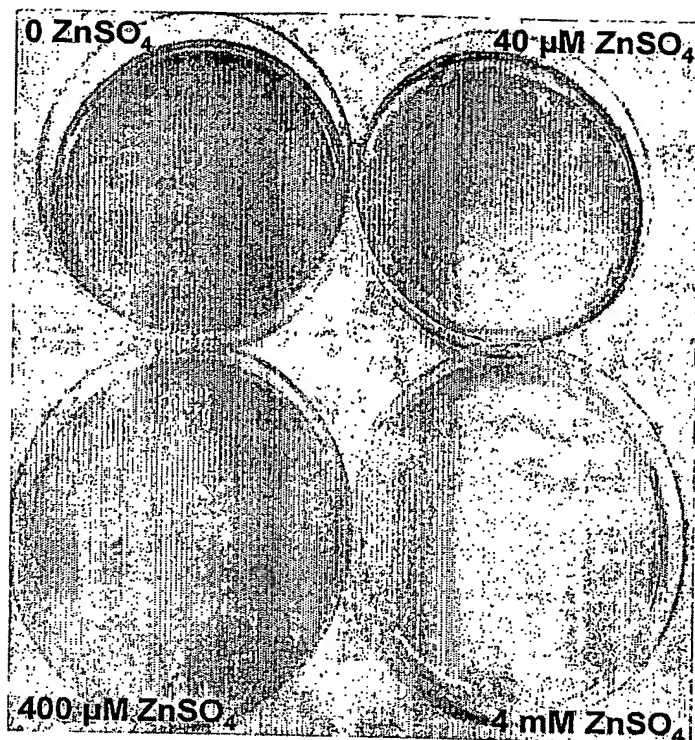




Non-mucoid *P.a.*

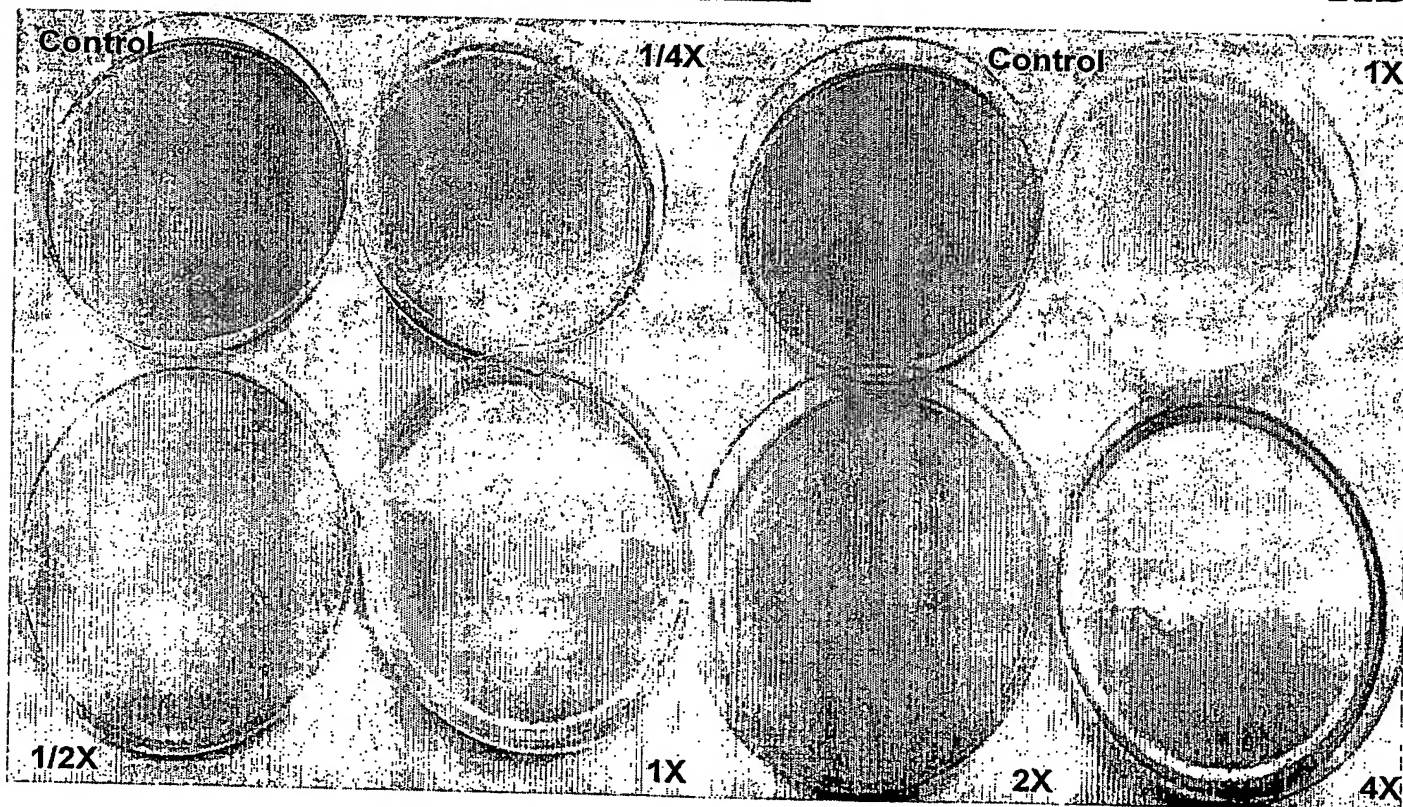
Mucoid *P.a.*

11A

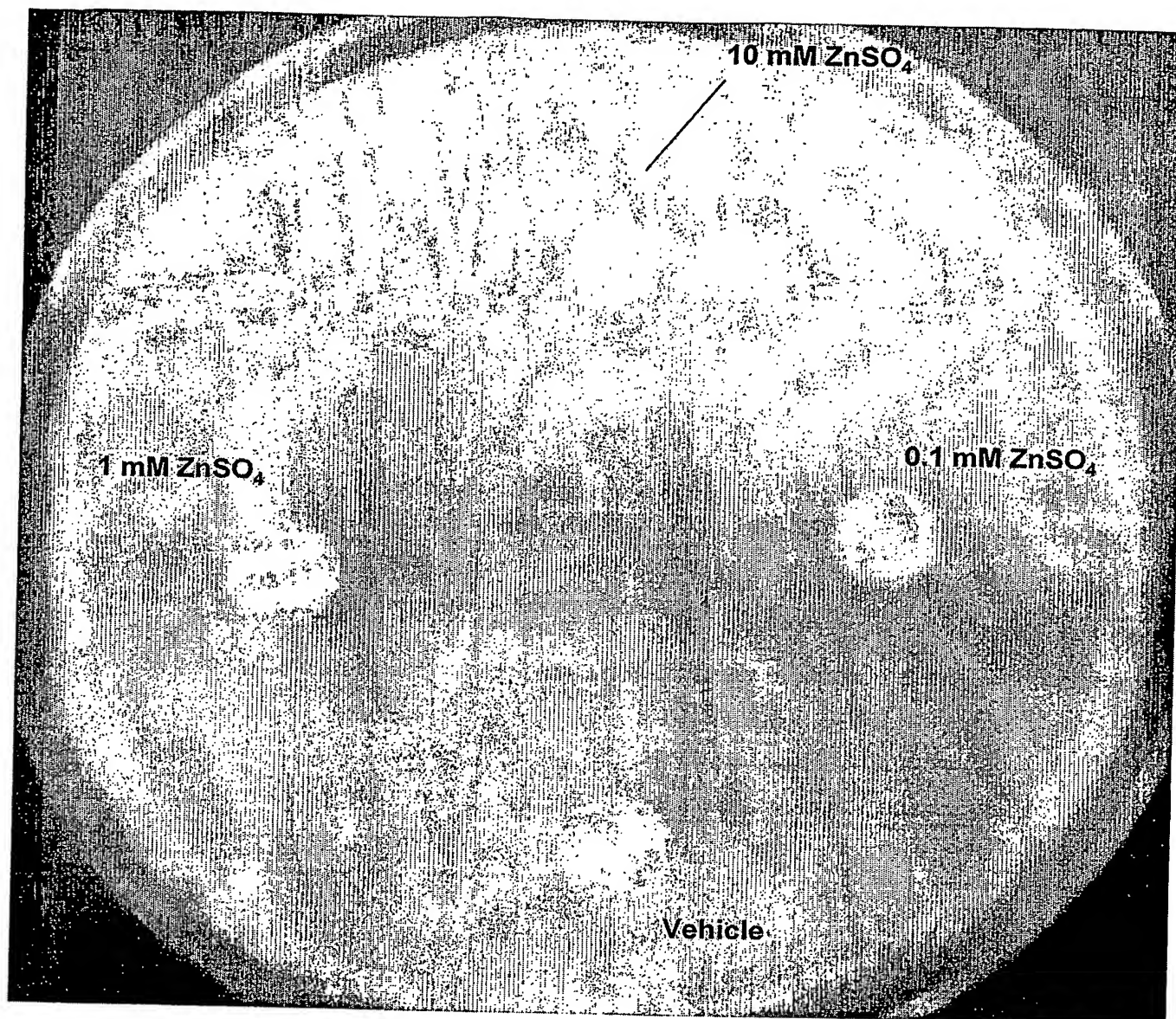


Mucoid *P.a.*

11B

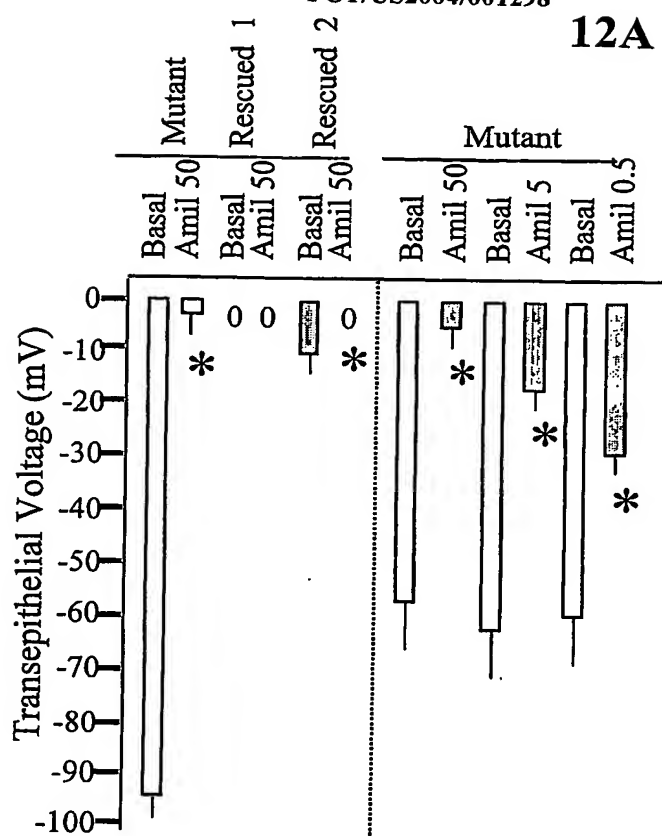
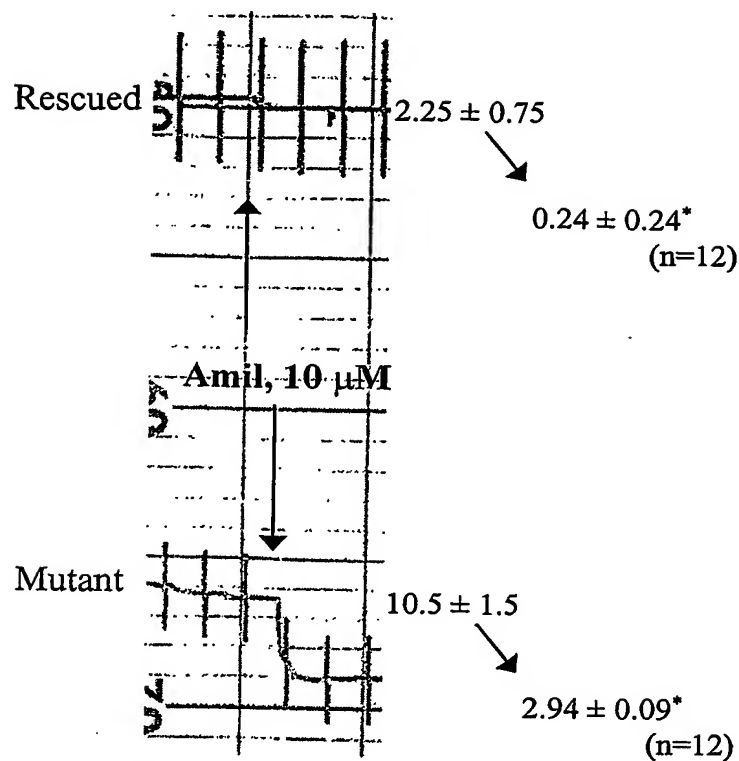




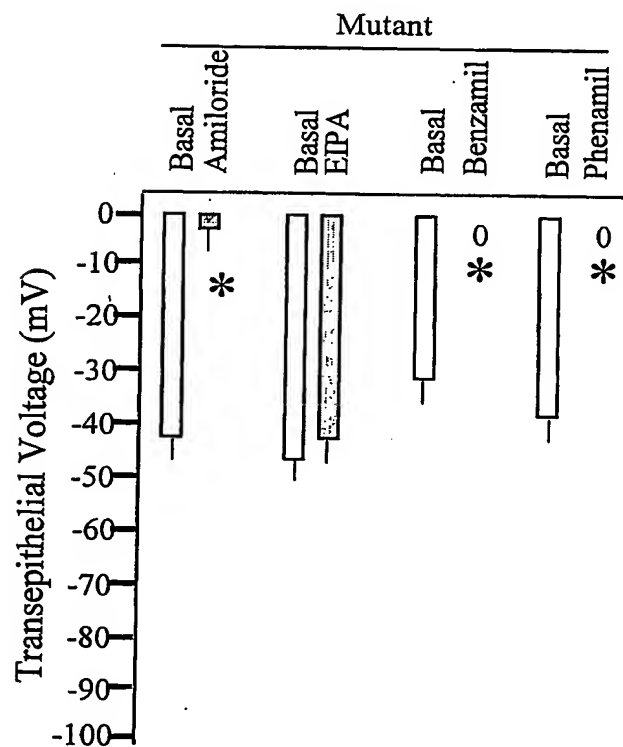
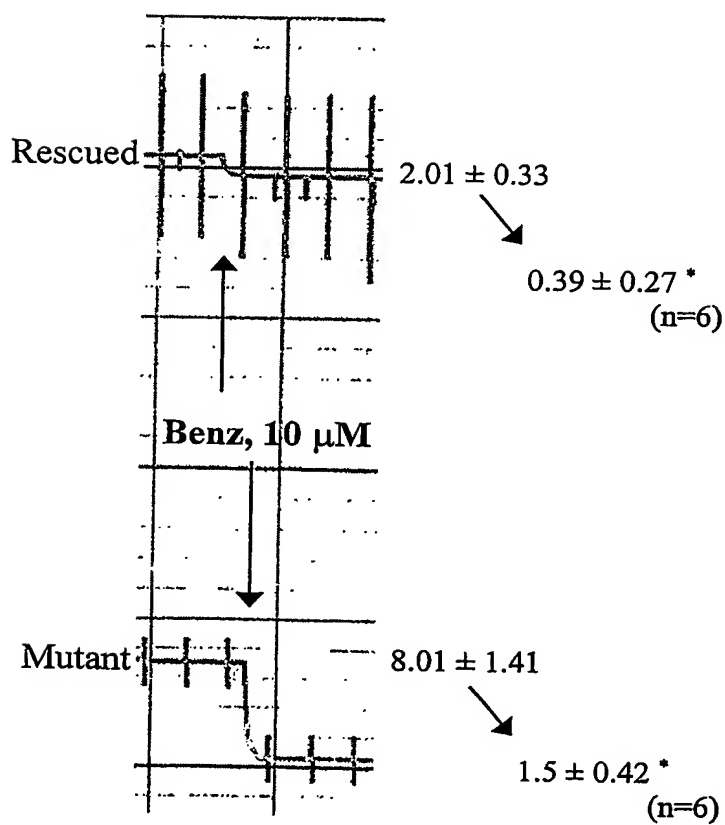


*E. coli.*

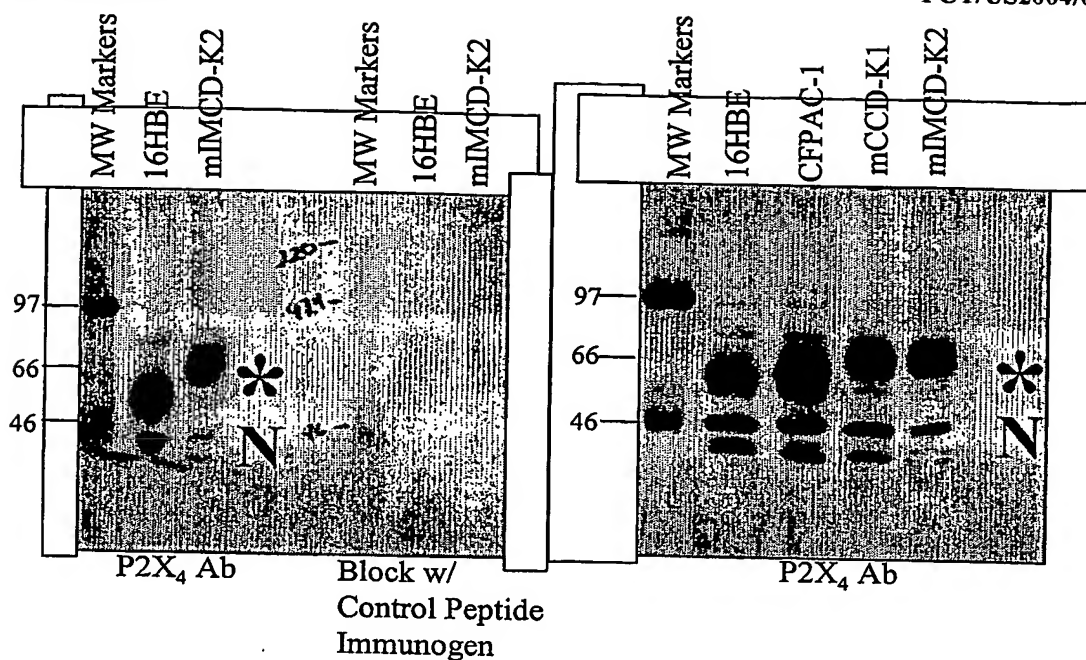
12A



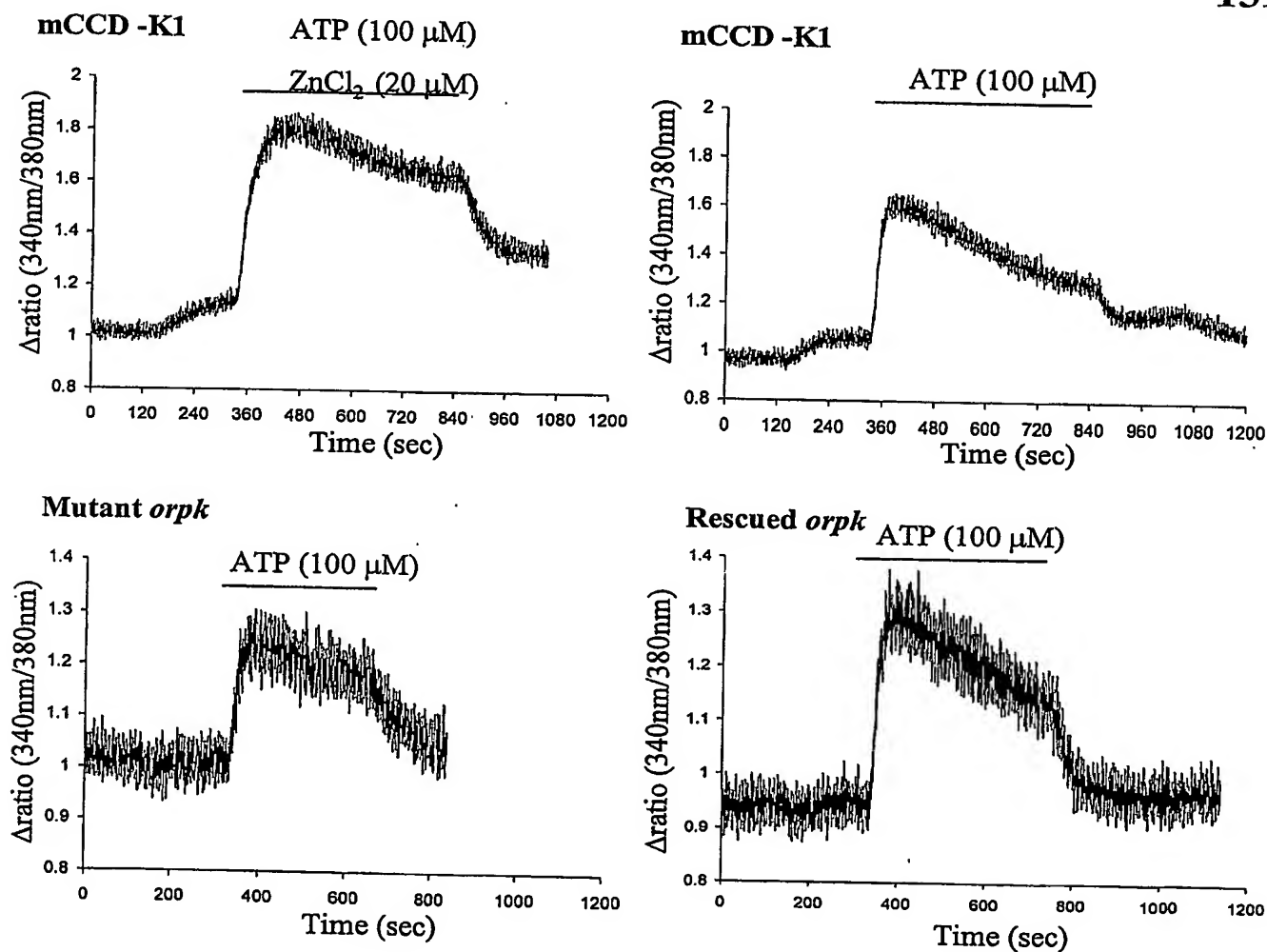
12B



13A

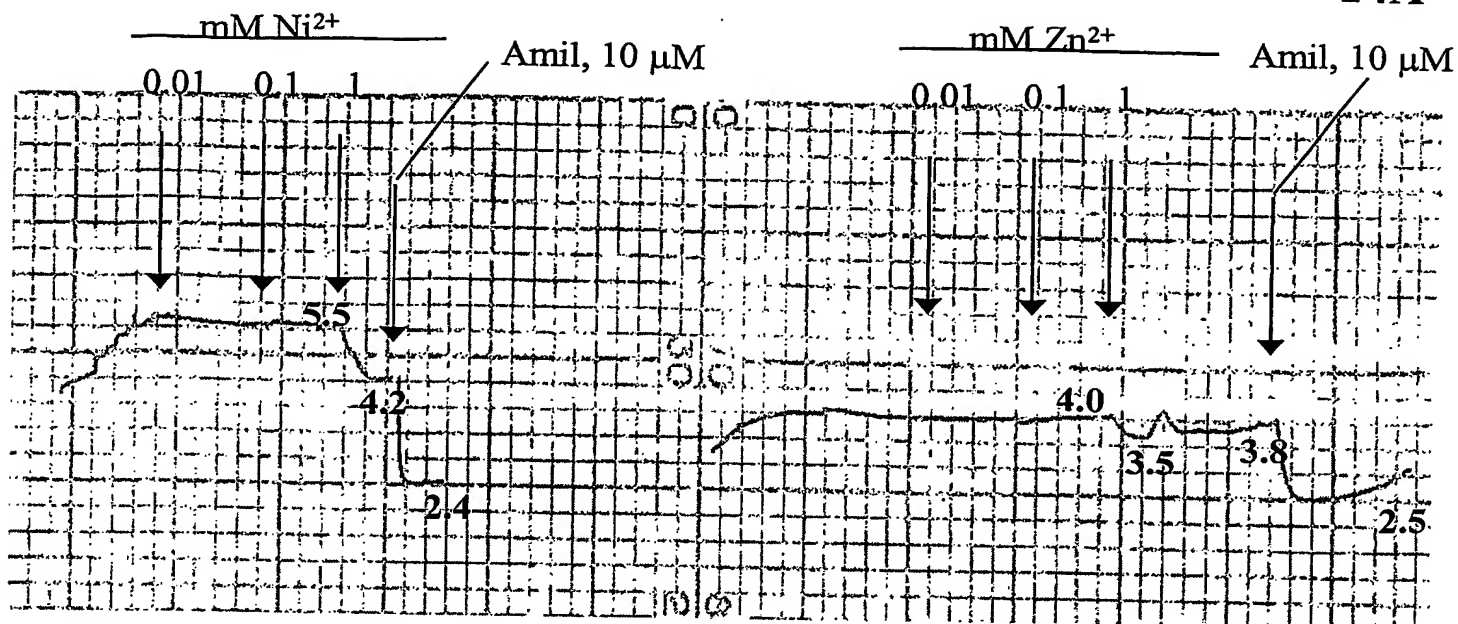


13B

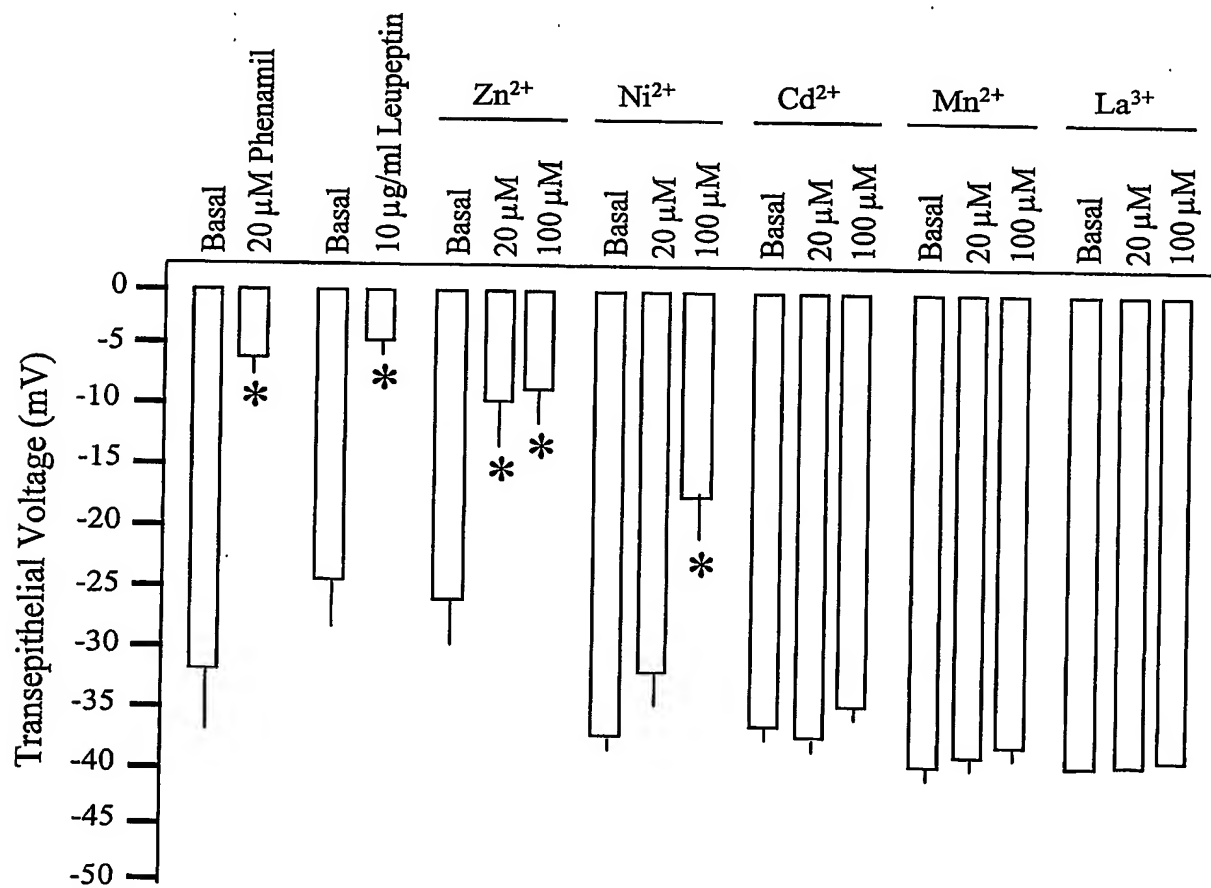




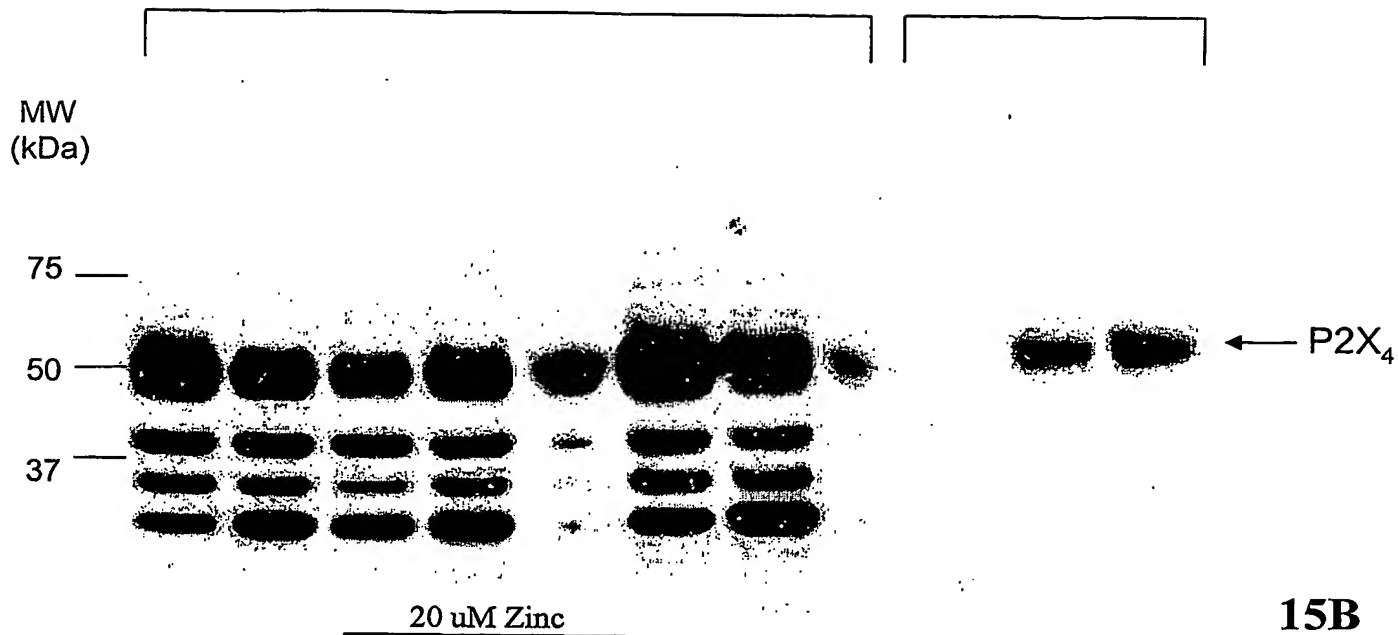
14A



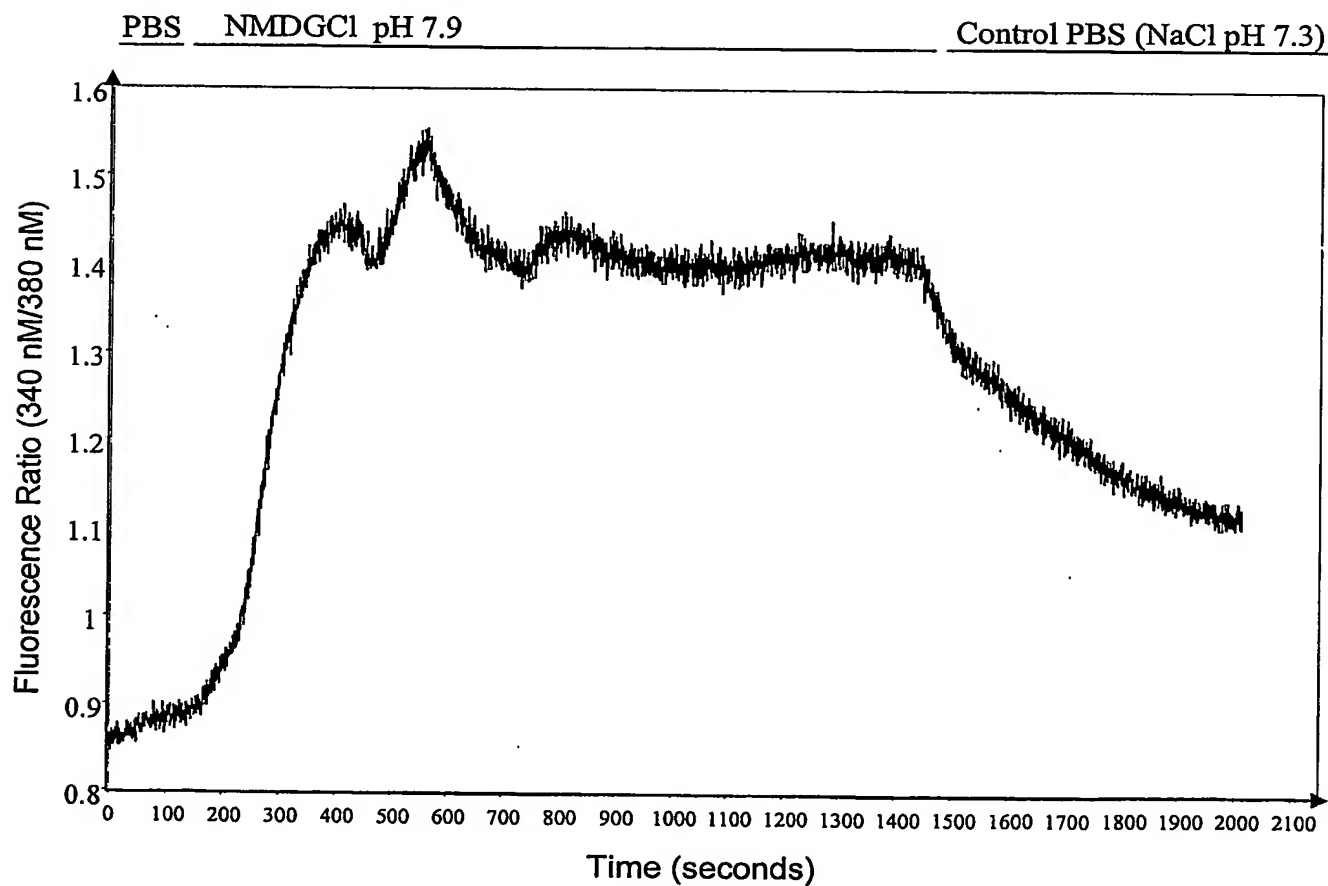
14B



15A

IB3-1 CF Airway Lysates  
(Positive Controls)INS-1 Lysates  
MW 1. 2

15B



Modified Saline\*\* (pH 7.3)

<u>Time</u>	<u>Absorbance</u>	<u>[Insulin]</u>
15''	0.682 ± 0.03	~3.0 ng/ml
15'	0.765 ± 0.04	3.25
30'	0.794 ± 0.06	3.5
60'	1.794 ± 0.09	9.0
120'	1.137 ± 0.05	5.0

\*Generous gift of Dr. Chris Newgard at Duke.

\*\*Modified saline is 0 Na (substituted fully by NMDG), 0 Mg, and 3 mM Ca.

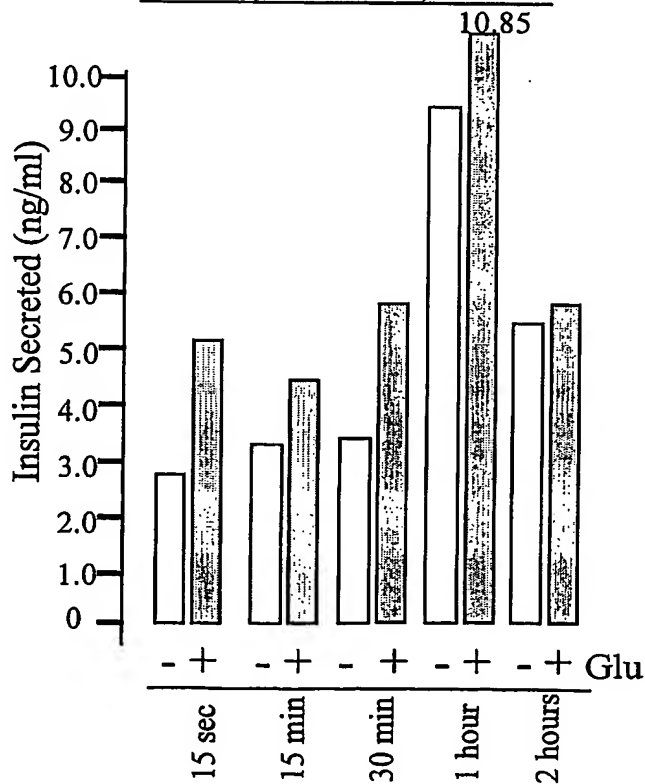
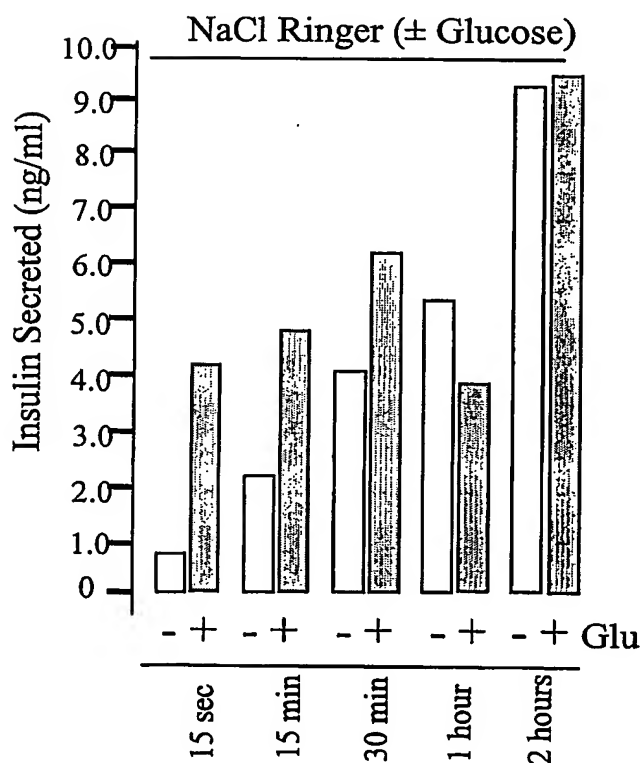
Modified Saline (pH 7.3) + 15 mM Glucose

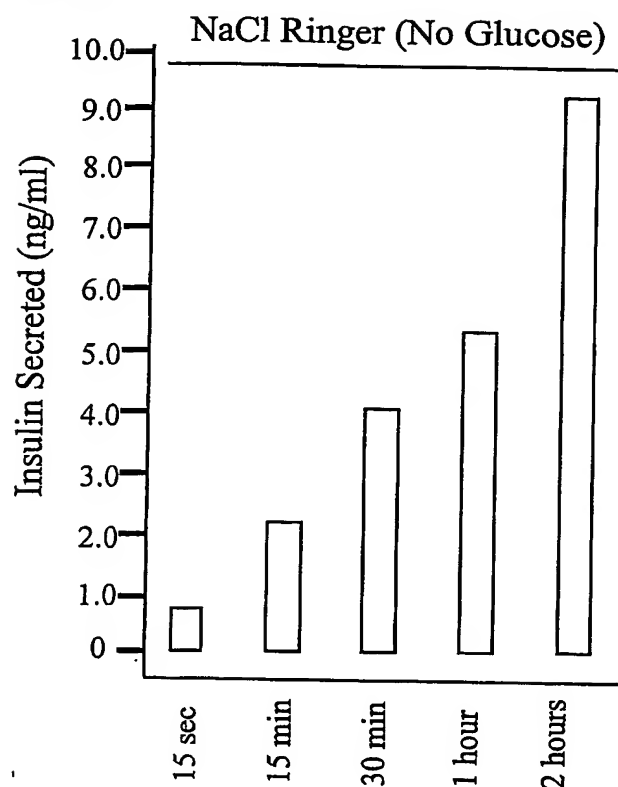
<u>Time</u>	<u>Absorbance</u>	<u>[Insulin]</u>
15''	1.070 ± 0.05	~5.0 ng/ml
15'	0.957 ± 0.07	4.5
30'	1.204 ± 0.10	5.5
60'	2.065 ± 0.05	11.0
120'	1.105 ± 0.18	5.0

Standard Curve

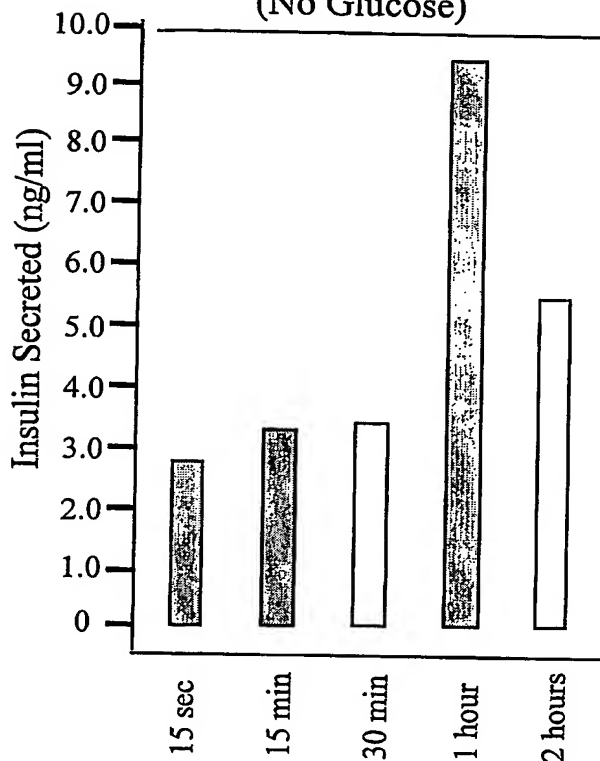
<u>Absorbance</u>	<u>[Insulin]</u>
0.248	0.0
0.226	0.2 ng/ml
0.280	0.5 ng/ml
0.377	1.0 ng/ml
0.559	2.0 ng/ml
1.10	5.0 ng/ml
1.91	10.0 ng/ml
~3.0	~20 ng/ml

## 16B

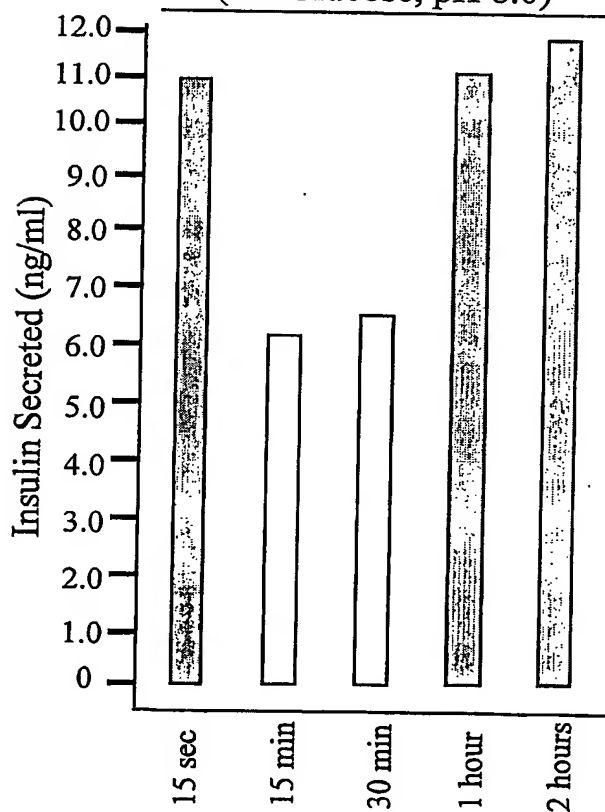
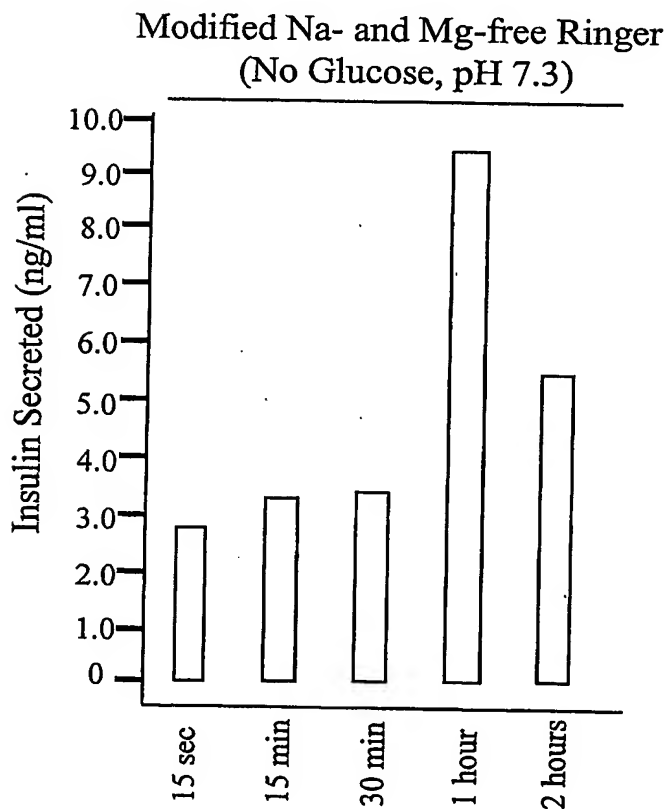
Modified Na- and Mg-free Ringer  
(± Glucose)

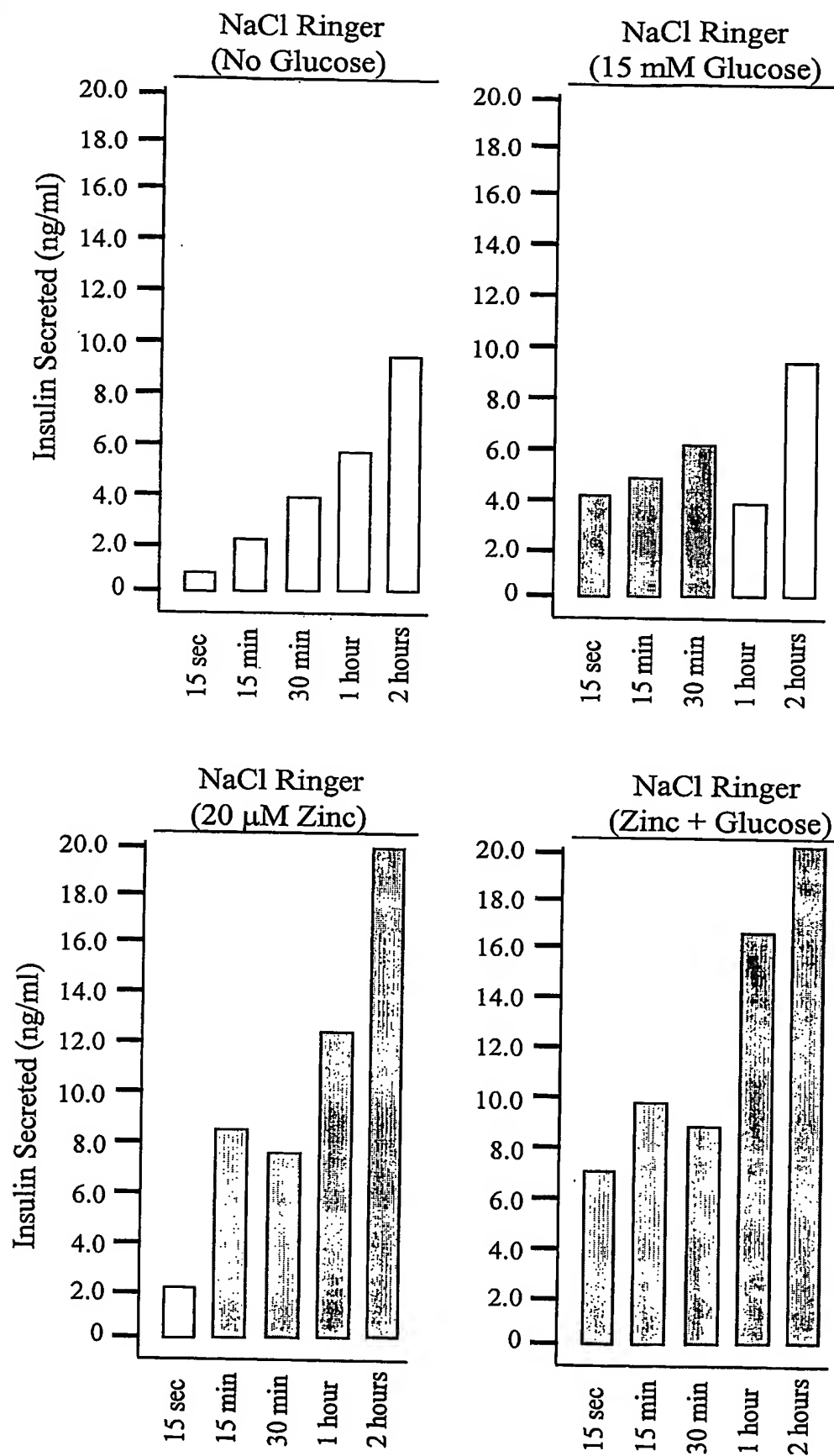
**17A**

Modified Na- and Mg-free Ringer  
(No Glucose)

**17B**

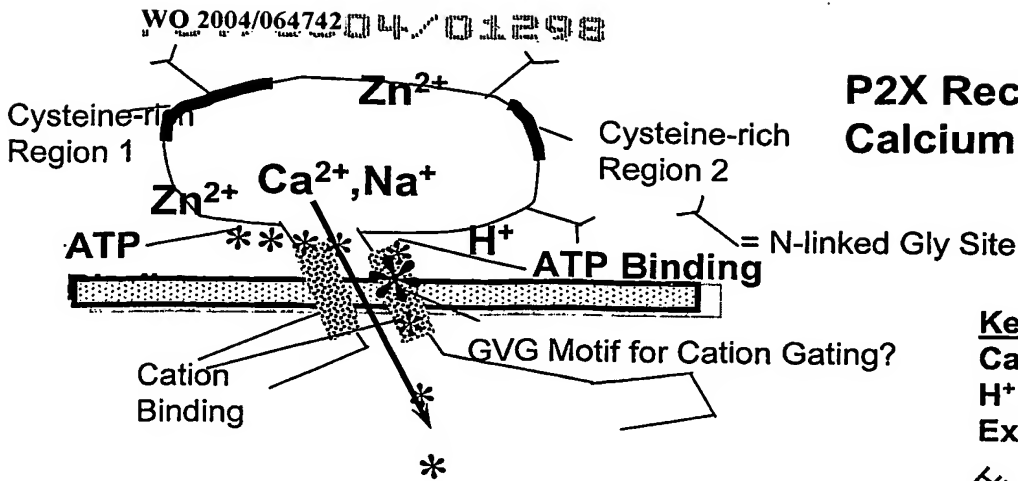
Modified Na- and Mg-free Ringer  
(No Glucose, pH 8.0)





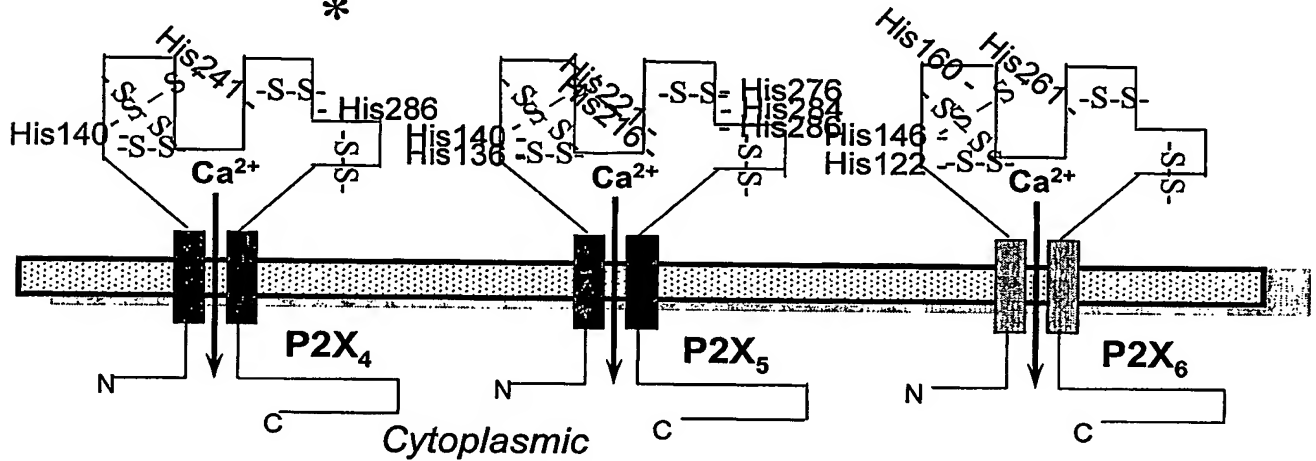
# **P2X Receptor Calcium Entry Channels**

19A



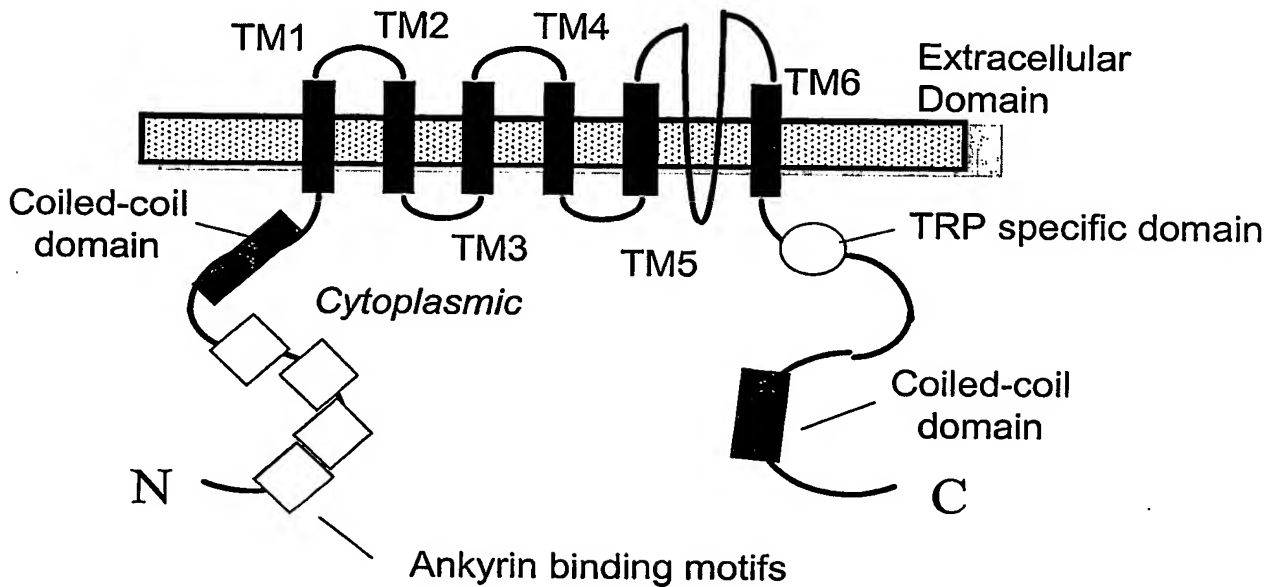
## **Key Point:**

$Ca^{2+}$ ,  $Na^+$ ,  $ATP$ ,  $Zn^{2+}$ , and  $H^+$  React with the P2XR Extracellular Domain

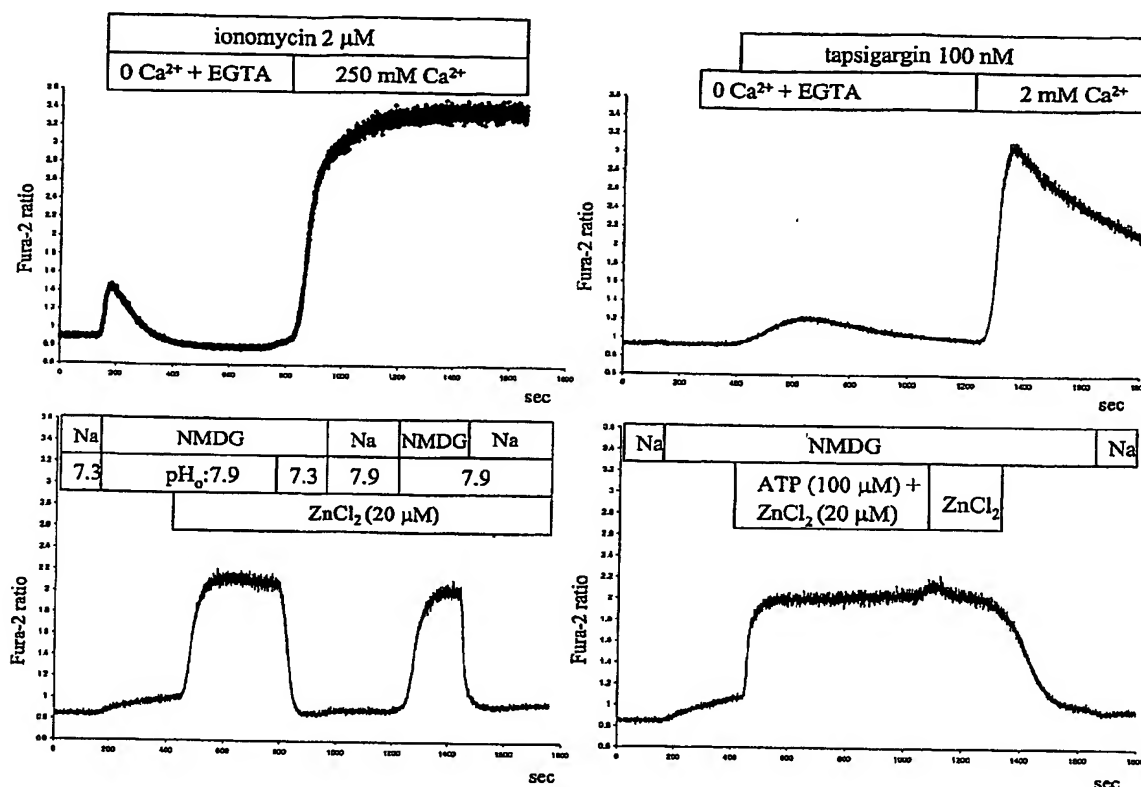


# **TRPC Calcium Entry Channels**

19B



19C



19D

**Designation****Mode of Stimulation****Epithelial Polarity**

Store-operated Ca<sup>2+</sup>  
channels (SOCs) or I<sub>CRAC</sub>

ER store depletion

Unclear

TRP channels

ER store depletion (partial) Apical & Basolateral  
Alkaline extracellular pH (partial)

P2X receptor Ca<sup>2+</sup>  
entry channels

Extracellular zinc and ATP

Apical & Basolateral

ECaC or CAT (*Related to*  
*TRPs*)

ER store depletion

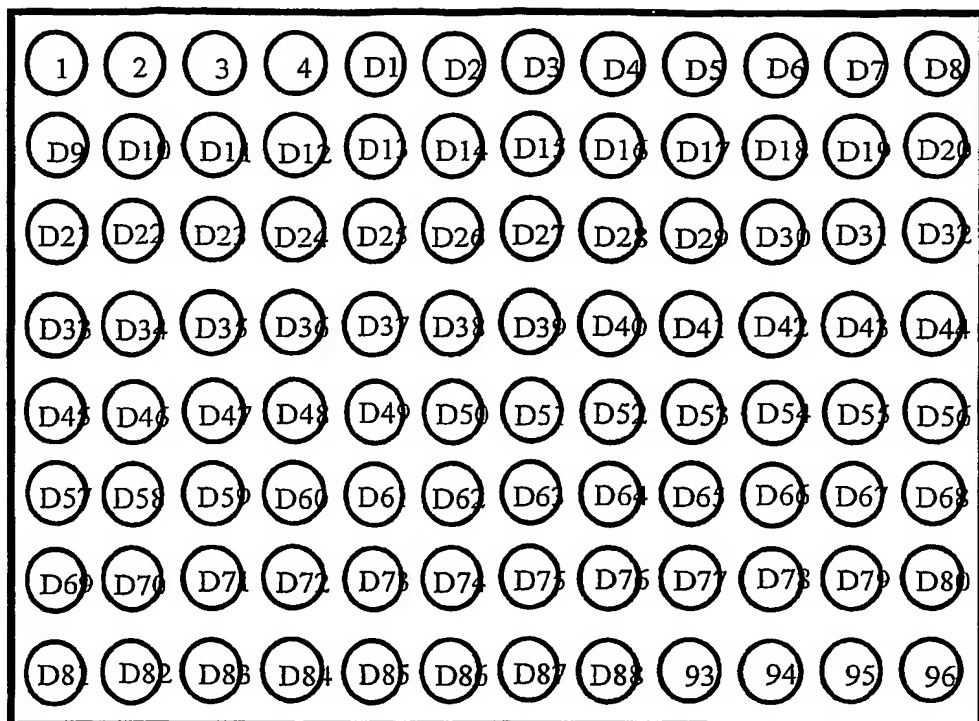
Apical

Ca<sup>2+</sup>-permeable  
non-selective cation  
channel (NSCC)

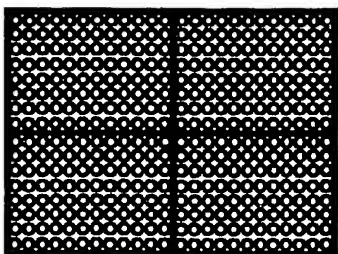
Stretch-activated

Apical

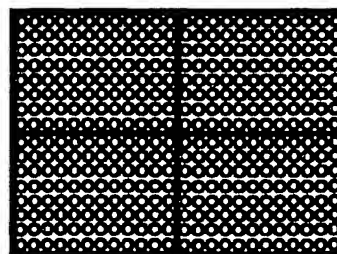
20A



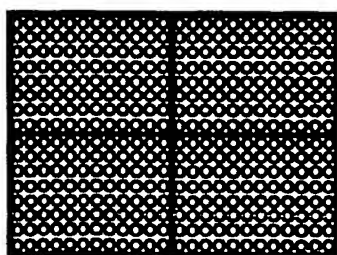
Step 1: IB3-1 CF cell line seeded and grown to confluence in a 384-well plate.



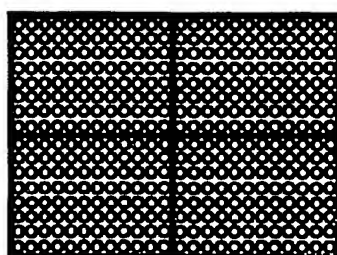
Step 2: Attached IB3-1 CF cells loaded with Fura-2/AM in culture medium for 2 hours.



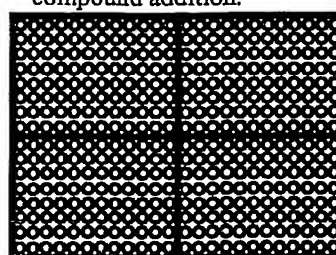
Step 3: IB3-1 cells washed with PBS modified for HTS (0 Na<sup>+</sup>, 0 Mg<sup>2+</sup>, 3 mM Ca<sup>2+</sup>) 3X.



Step 4: IB3-1 cells exposed to an individual compound in each well versus positive and negative controls.



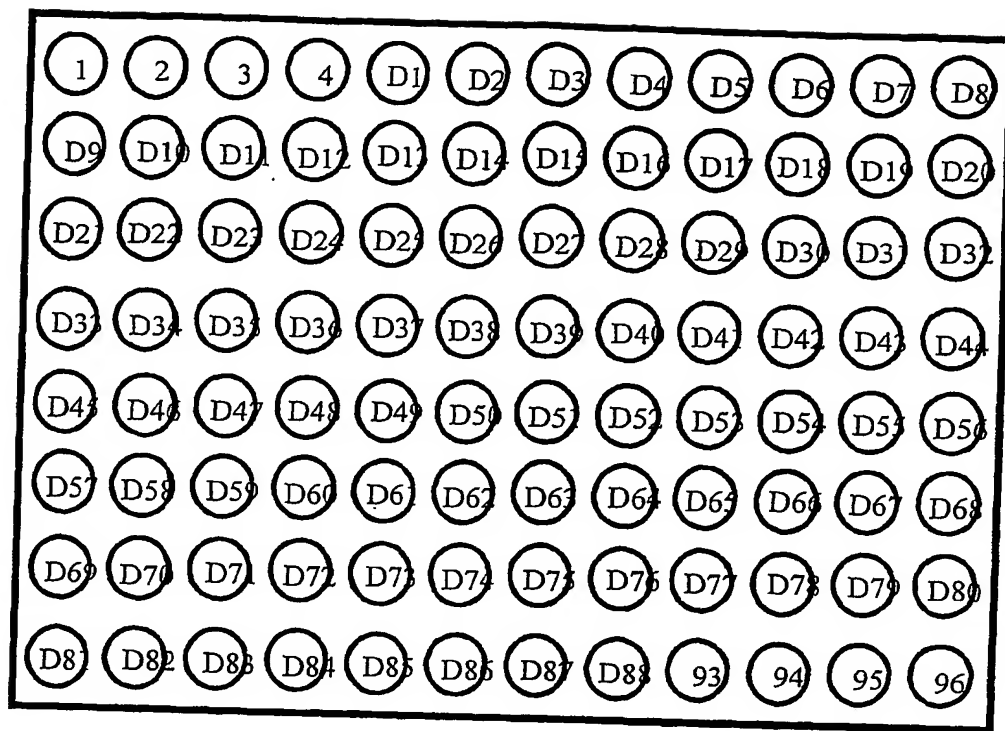
Step 5: Fura-2 fluorescence read in IB3-1 cells at 340 and 380 nm wavelengths before and 1, 3, 5, and 15 minutes after compound addition.



20B



20C

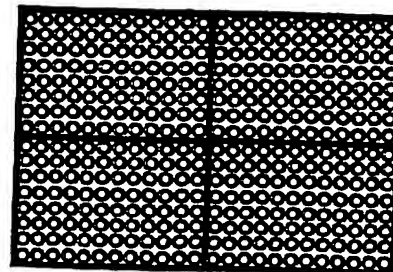
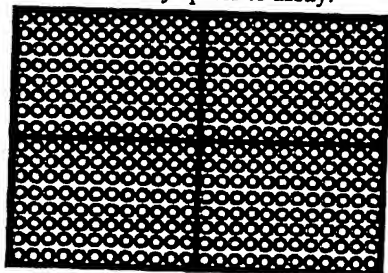


Step 1A: INS-1  $\beta$  cell line seeded  
in a 384-well plate.

Step 1B: INS-1 cells rested in 5 mM  
glucose 2 days prior to assay.

Step 2: Attached INS-1  $\beta$  cells  
loaded with Fura-2/AM in low  
glucose culture medium for 2 hours.

20D



Step 3: INS-1 cells washed  
with PBS modified for HTS  
(0 Na<sup>+</sup>, 0 Mg<sup>2+</sup>, 3 mM Ca<sup>2+</sup>) 3X.

Step 4: INS-1 cells exposed  
to an individual compound in  
each well versus positive and  
negative controls in the absence  
and presence of 15 mM glucose  
and/or 30 mM KCl in the 4 quadrants.

Step 5: Fura-2 fluorescence  
read in INS-1 cells at 340  
and 380 nm wavelengths before  
and 1, 3, 5, and 15 minutes.

